Fill in this information to identify your case:					
United States Bankruptcy Court for the: District of					
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13				

CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK

2019 JAN - 3 A 9: 37

Check if this is an
PECET amended filling

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		Share Control of the Control of t
	Write the name that is on your government-issued picture	Denise	
	identification (for example,	First name	First name
	your driver's license or	Vanesa	
	passport).	Middle name	Middle name
	•	Walker	
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
	with the trustee.	0.50	0.75.70. 1- 11.110
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
		The state of the s	
,	All other names you		
۷.	have used in the last 8		
	years	First name	First name
	-		
	Include your married or maiden names.	Middle name	Middle name
	. •	Last name	Last name
			
		First name	First name
		Middle name	Middle name
		13.	
		Last name	Last name
- Transfer	444		
2	Only the last 4 digits of		
J.	your Social Security	$xxx - xx - \underline{5} \underline{6} \underline{3} \underline{6}$	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer		
	Identification number	9 xx - xx	9 xx - xx
	(IȚIN)		
Te 200			

DENISE VANESA WALKER

Debtor 1 DENISE VANES		Case number (if known)
First Name Middle N	ame Last Name	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
(EIN) you have used in	DENISE WALKER	<u></u> •
the last 8 years	Business name	Business name
Include trade names and	DENISE WALKER INC.	$\hat{\mathcal{L}}_{i}$
doing business as names	Business name	Business name
	EIN	EIN
		W.
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
•		e i
	449 27 202DD STDEET	
	118-27 203RD STREET Number Street	Number Street
	APT 1	
	SAINT ALBANS NY 11412	
	SAINT ALBANS NY 11412 City State ZIP Code	City State ZIP Code
	,	(e)
	QUEENS County	County
	County	f
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
s. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
•		
		· .

Case number (if known)

DENISE VANESA WALKER

Debtor 1

Tell the Court About Your Bankruptcy Case Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing 7. The chapter of the for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file Chapter 7 under ☐ Chapter 11 Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). ☑ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ☑ No bankruptcy within the Yes. District last 8 years? MM / DD / YYYY District When MM / DD / YYYY MM / DD / YYYY 10. Are any bankruptcy ☑ No cases pending or being ☐ Yes. Debtor Relationship to you filed by a spouse who is not filing this case with When District you, or by a business MM / DD / YYYY partner, or by an affiliate? Debtor Relationship to you When Case number, if known MM / DD / YYYY 11. Do you rent your ☐ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 DENISE VANES First Name Middle Nam		Case number (if known)
First Name Middle Nam	ne Last Name	
Part 3: Report About Any E	Businesses You Own as a Sc	ole Proprietor
12. Are you a sole proprietor	No. Go to Part 4.	
of any full- or part-time	Yes. Name and location of b	nuaineae
business?	Yes, Name and location of b	ousiness
A sole proprietorship is a business you operate as an		
individual, and is not a	Name of business, if any	
separate legal entity such as a corporation, partnership, or		
LLC.	Number Street	
If you have more than one		<u> </u>
sole proprietorship, use a separate sheet and attach it		
to this petition.	City	State ZIP Code
	5,	
	Check the appropriate	box to describe your business:
		ess (as defined in 11 U.S.C. § 101(27A))
	_	Estate (as defined in 11 U.S.C. § 101(51B))
		fined in 11 U.S.C. § 101(53A))
	☐ Commodity Broker	(as defined in 11 U.S.C. § 101(6))
	☐ None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	can set appropriate deadlines. I most recent balance sheet, state any of these documents do not No. I am not filing under Chapt the Bankruptcy Code.	11, the court must know whether you are a small business debtor so that it if you indicate that you are a small business debtor, you must attach your itement of operations, cash-flow statement, and federal income tax return or if exist, follow the procedure in 11 U.S.C. § 1116(1)(B). The ter 11, but I am NOT a small business debtor according to the definition in the lam a small business debtor according to the definition in the
Part 4: Report if You Own	or Have Any Hazardous Pro	perty or Any Property That Needs Immediate Attention
Da as ba		
14. Do you own or have any property that poses or is	∠ No	
alleged to pose a threat	☐ Yes. What is the hazard?	
of imminent and		
identifiable hazard to public health or safety?		
Or do you own any		
property that needs	If immediate attention	n is needed, why is it needed?
immediate attention?	•	
For example, do you own perishable goods, or livestock		
that must be fed, or a building that needs urgent repairs?		•
that needs drgent repairs?	\\/\text{\text{hors in the preparts.}}	
·	Where is the property	Number Street
		City State ZIP Code

Debtor 1

DENISE VANESA WALKER

Case number (if known)		
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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Α	bo	ut I)et	oto	r 1:
	1100	200	3.7		

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required	to receive	а	briefing	about
	credit counseling	because of	of:		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

rational decisions about finances.

Disability. My physical disability causes me

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case number (if known)_

DENISE VANESA WALKER

Debtor 1

	Flist Name Milddle Name	: Last Name			
Pa	rt 6: Answer These Ques	stions for Reporting Purpos	es		
16.	What kind of debts do you have?	6a. Are your debts primar as "incurred by an individual	rily consumer debts? Cons al primarily for a personal, fami	<i>sumer debt</i> s are delity, or household p	efined in 11 U.S.C. § 101(8) ourpose."
		Yes-Go to line 17:	W - V -	D.W	
		16b. Are your debts primar	ily business debts? Busine	ess debts are deb	ots that you incurred to obtain
		No. Go to line 17.	vestment or through the operat	tion of the busines	ss of investment.
		16c. State the type of debts you	owe that are not consumer de	ebts or business d	lebts.
17.	Are you filing under Chapter 7?	☑ No. I am not filing under Ch	napter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and	Yes. I am filing under Chapt administrative expense	er 7. Do you estimate that after es are paid that funds will be av	r any exempt prop /ailable to distribu	perty is excluded and te to unsecured creditors?
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes			
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	✓ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 millio \$10,000,001-\$50 millio \$50,000,001-\$100 mi	ion [\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 millio \$10,000,001-\$50 mill \$50,000,001-\$100 mi \$100,000,001-\$500 n	ion C	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	art 7: Sign Below				
Fo	or you	I have examined this petition, a correct.	nd I declare under penalty of p	erjury that the info	ormation provided is true and
		If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.	hapter 7, I am aware that I may I understand the relief availabl	proceed, if eligib e under each cha	le, under Chapter 7, 11,12, or 13 pter, and I choose to proceed
		this document, I have obtained	and read the notice required b	y 11 U.S.C. § 342	
		I request relief in accordance w			•
		with a bankruptcy case can res 18 U.S.C. \$\ 152, 1341, 1519,	sult in fines up to \$250,000, or in and 3571.	mprisonment for u	y or property by fraud in connection up to 20 years, or both.
	É	DENISE V. WALKER Signature of Debtor 1	,	Signature of De	ebtor 2
		J	a		
		Executed on 01/03/2019	YYYY	Executed on	IM / DD /YYYY

btor 1 DENISE VANES/ First Name Middle Nam		Case number (if known)_				
r your attorney, if you are presented by one	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 1 available under each chapter for which t the notice required by 11 U.S.C. § 342(b	3 of title 11, United States Code, and he person is eligible. I also certify the	d have nat I ha	exp ve d	plained the relief lelivered to the debto	or(s)
you are not represented an attorney, you do not ed to file this page.	knowledge after an inquiry that the infon		e petition			iiO
	Printed name					
	Firm name Number Street					
	City	State	ZIP C	ode		
	Contact phone	Email address	·			
	Bar number	State	-			
				······		

Debtor 1

DENISE VANESA WALKER

First Name

Middle Nam

Last Nan

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?				
☐ No ☑ Yes			·	
	aware that bankruptcy fraud is a serious c ate or incomplete, you could be fined or im		bankruptcy forms are	
☐ No ☑ Yes				
☑ No	pay or agree to pay someone who is not a	n attorney to help yo	ou fill out your bankruptcy forms?	
☐ Yes.	☐ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).			
have rea	ing here, I acknowledge that I understand t ad and understood this notice, and I am aw may cause me to lose my rights or proper	are that filing a banl	kruptcy case without an	
DENIS	nice V. Walles SE V. WALKER	×		
Signatur	re of Debtor 1	Signature of De	btor 2	
Date	01/03/2019 MM / DD / YYYY	Date	MM / DD / YYYY	
Contact p	phone (347) 869-0482	Contact phone		
Cell phon	e (347) 869-0482	Cell phone		
Email add	dress DENISEW142@GMAIL.COM	_ Email address	•	

Fill in this i	nformation to id	dentify your case:		
Debtor 1	DENISE VA	NESA WALKER Middle Name	Last Name	
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: District of	of	
Case number	(If known)			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	your o	original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Part	1: Summarize Your Assets	
1a. Copy line 55, Total real estate, from Schedule A/B			
1b. Copy line 62, Total personal property, from Schedule A/B		, , ,	
1c. Copy line 63, Total of all property on Schedule A/B	1a.	. Copy line 55, Total real estate, from Schedule A/B	\$
Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	1b.	Copy line 62, Total personal property, from Schedule A/B	s <u>0</u>
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	1c.	Copy line 63, Total of all property on Schedule A/B	\$
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Part	2: Summarize Your Liabilities	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D			
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F			and the second of the second o
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	2a.	. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	3 Scl	hedule F/F: Creditors Who Have Unsecured Claims (Official Form 106F/F)	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		,	\$
Tout total natifices #			+ \$
Part 3: Summarize Your Income and Expenses		Your total liabilities	\$64,000
	Part :	3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	4. Scl	hedule I: Your Income (Official Form 106i)	
Copy your combined monthly income from line 12 of Schedule I			\$
5. Schedule J: Your Expenses (Official Form 106J)	5. Scl	hedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J			\$

Case number (if known)

DENISE VANESA WALKER

Debtor 1

Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Lyour debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 19/2/2013 1 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 0.00 9g. Total. Add lines 9a through 9f.

Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy C	to identify your case and this Middle Name Middle Name Bourt for the: District	Last Name Last Name		Check if this is an amended filing
	A/B: Propert	v		12/15
category where you the responsible for supply write your name and compared to the Part 1: Describe E	nink it fits best. Be as compleying correct information. If mease number (if known). Answere ach Residence, Building, any legal or equitable interest.	s. List an asset only once. If an asset fits in more ofte and accurate as possible. If two married people ore space is needed, attach a separate sheet to the over every question. Land, or Other Real Estate You Own or Havest in any residence, building, land, or similar prop	e are filing together, bot is form. On the top of a ve an Interest In	th are equally
Yes. Where is the	e property? TGATE BLVD if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$0 Describe the nature of interest (such as fee the entireties, or a life)	claims on Schedule Dins Secured by Property. Current value of the portion you own? \$ 6300 of your ownership simple, tenancy by
USA County		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:	Check if this is co (see instructions)	mmunity property
12	nore than one, list here:	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
City	State ZIP Code	☐ Timeshare ☐ Other Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by e estate), if known.
		At least one of the debtors and another Other information you wish to add about this its property identification number:	(see instructions) em, such as local	property

page 1

tor 1	First Name Middle	Name Last Name	Case number (if ki		
	rest Name middle	Name Last Name			
1.3.			What is the property? Check all that apply. Single-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule
	Street address, if available	e, or other description	☐ Duplex or multi-unit building☐ Condominium or cooperative	Current value of the	
			Manufactured or mobile home	entire property?	portion you own
			Land	\$	\$
	City	State ZIP Code	☐ Investment property ☐ Timeshare	Describe the nature of	
	Olly	5515	Other	interest (such as fee the entireties, or a life	
			Who has an interest in the property? Check one.		
	County		Debtor 1 only		
	County		Debtor 2 only	☐ Check if this is co	mmunity propert
			☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	(see instructions)	minumity propert
			Other information you wish to add about this ite	em. such as local	
			property identification number:		
				_ 1	
dd ti	he dollar value of the p	oortion you own for a	II of your entries from Part 1, including any entries here.	s for pages	\$
					<u> </u>
ou c	Describe Your \ own, lease, or have leg that someone else drive	al or equitable intere	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts a	not? Include any vehicles	s
own cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	al or equitable intere	le, also report it on Schedule G: Executory Contracts a	not? Include any vehicle: and Unexpired Leases.	s
own cown cown cown cown cown cown cown c	own, lease, or have leg that someone else drive vans, trucks, tractors, o	al or equitable intere es. If you lease a vehic , sport utility vehicles	le, also report it on Schedule G: Executory Contracts a	and Unexpired Leases.	
own cown cars,	own, lease, or have leg that someone else drive vans, trucks, tractors, o es	al or equitable intere es. If you lease a vehic , sport utility vehicles	te, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one.	Do not deduct secured clause the amount of any secure	aims or exemptions. F d claims on <i>Schedule</i>
ou cown cars,	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model:	al or equitable interes. If you lease a vehicles, sport utility vehicles NISSAN ROUGE	le, also report it on <i>Schedule G: Executory Contracts a</i>	Do not deduct secured classes. The amount of any secure Creditors Who Have Clair	aims or exemptions. F d claims on <i>Schedule</i> ns Secured by Prope
cou cown cars,	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year:	al or equitable interes. If you lease a vehicles, sport utility vehicles NISSAN ROUGE 2015	le, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clause Creditors Who Have Clair Current value of the	aims or exemptions. I d claims on <i>Schedule</i> ms Secured by Prope Current value o
cou cown cars,	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage:	al or equitable interes. If you lease a vehicles, sport utility vehicles NISSAN ROUGE	te, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured classes. The amount of any secure Creditors Who Have Clair	aims or exemptions. I d claims on Schedule ms Secured by Prope Current value o
ou cown ars, No	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year:	al or equitable interes. If you lease a vehicles, sport utility vehicles NISSAN ROUGE 2015	le, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clause Creditors Who Have Clair Current value of the	aims or exemptions. d claims on Schedule ms Secured by Prope Current value o portion you ow
ou cown cars,	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage:	NISSAN ROUGE 2015 56908	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clause the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. d claims on Schedule ms Secured by Prope Current value o portion you ow
cars, No. 24 Yes	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information:	NISSAN ROUGE 2015 56908	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 24000	aims or exemptions. If d claims on Schedule in Secured by Prope Current value of portion you ow \$ 55
cars, No. 24 Yes	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information:	NISSAN ROUGE 2015 56908	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured class. Do not deduct secured class. Creditors Who Have Claim Current value of the entire property? \$24000 Do not deduct secured class.	aims or exemptions. If d claims on Schedule in Secured by Prope Current value of portion you own \$ 55
cars, No. 24 Yes	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information:	NISSAN ROUGE 2015 56908	le, also report it on Schedule G: Executory Contracts as, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$	aims or exemptions. If d claims on schedule in Secured by Prope Current value of portion you own \$
cars, No. 24 Yes	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model: Year:	NISSAN ROUGE 2015 56908	le, also report it on Schedule G: Executory Contracts as, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured class. Do not deduct secured class. Creditors Who Have Claim Current value of the entire property? \$24000 Do not deduct secured class.	aims or exemptions. If d claims on schedule in Secured by Prope Current value of portion you own \$
own Cars, No. 24 Yes	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model: Year: Approximate mileage:	NISSAN ROUGE 2015 56908	le, also report it on Schedule G: Executory Contracts as, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 24000 Do not deduct secured class amount of any secure Creditors Who Have Clair Current value of the Current value of the	aims or exemptions. If d claims on schedule in Secured by Prope Current value of portion you ow \$ 55
own Cars, No.	own, lease, or have leg that someone else drive vans, trucks, tractors, o es Make: Model: Year: Approximate mileage: Other information: own or have more than Make: Model: Year:	NISSAN ROUGE 2015 56908	le, also report it on Schedule G: Executory Contracts as, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 24000 Do not deduct secured class amount of any secure Creditors Who Have Clair Current value of the Current value of the	aims or exemptions. Find claims on Schedule mis Secured by Prope Current value or portion you own \$

page 2

- A G. Photos				
3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D.
		Debtor 2 only	Creditors vvno mave Clair	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	☐ Check if this is community property (see	\$	\$
		instructions)		
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	☐ Debtor 1 only	the amount of any secure Creditors Who Have Clair	
		Debtor 2 only	(SESSECTION CONTRACTOR OF THE SESSECTION OF THE	and a superior of the superior
	Year:	☐ Debtor 1 and Debtor 2 only	Current value of the	
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	— D	e	e.
		☐ Check if this is community property (see instructions)	Φ	Φ
xan	nples: Boats, trailers, motors, perso o	Vs and other recreational vehicles, other vehicles, and accessional watercraft, fishing vessels, snowmobiles, motorcycle access		
xan N Y	nples: Boats, trailers, motors, persono o es			d claims on Schedule Dons Secured by Property. Current value of the
You	mples: Boats, trailers, motors, person or essential materials. Make: Model: Other information: own or have more than one, list he Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) ere: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured classes the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured classes the amount of any secure Creditors Who Have Clair	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$
Exam N Y 4.1.	mples: Boats, trailers, motors, person on the second of th	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) ere: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$
Ēxen □ Ν □ Υ	mples: Boats, trailers, motors, person on essential make: Make: Year: Other information: own or have more than one, list he Make: Model: Year: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) ere: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	Do not deduct secured classes the amount of any secure Creditors Who Have Clair Current value of the entire property? \$	d claims on Schedule Date Secured by Property Current value of t portion you own? \$

Schedule A/B: Property

Debtor 1 Denise V Walker Case number (# known)

Case number (if known)_____

Part 3:	Describe	Your Personal	and Household	Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims
	or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware 1 No	
Yes. Describe	\$
	J Ψ
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
☐ No ☐ Yes Describe TV	7
Yes. DescribeTV	\$
8. Collectibles of value	J
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
☐ No ☐ Yes. Describe	7
— 103. D0301100	\$
9. Equipment for sports and hobbies	_
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
□ No □	٦
Yes. Describe	\$
10. Firearms	_1
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
□ No	٦
Yes. Describe	\$
11. Clothes	J .
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
□ No	7
Yes. Describe	\$
	_1
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
□ No	٦.
Yes. Describe	\$
13. Non-farm animals Examples: Dogs, cats, birds, horses	
□ No	
Yes. Describe] s
14. Any other personal and household items you did not already list, including any health aids you did not list	
□ No	
Yes. Give specific	1.
information	\$
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$ 0.00
for Part 3. Write that number here	0.00

Official Form 106A/B

Case number (if known)_

Debtor 1

Middle Name

Last Name

Do you own or have any	針 性 付し ニュイル ト 校 上級の ないがく コンコーデカー・セブ			Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you	have in your wallet, in your home, in	n a safe deposit box, and on hand when you	file your petition	
☑ No ☐ Yes			Cash:	\$
				·
		certificates of deposit; shares in credit union le accounts with the same institution, list eac		
☐ Yes	Ins	stitution name:		
	17.1. Checking account:			\$
	17.2. Checking account:			\$
	17.3. Savings account:			\$ <u> </u>
	17.4. Savings account:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:	······································		\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
				Ψ
	or publicly traded stocks investment accounts with brokerag Institution or issuer name:	e firms, money market accounts		_ \$
				. \$
				- \$
19. Non-publicly traded s an LLC, partnership, a ☑ No	and joint venture	d and unincorporated businesses, includ		
Yes. Give specific	Name of entity:	·	% of ownership: 0% %	¢
			0% %	\$ \$
information about them				D D

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1 Devise V. WANCER
First Name Middle Name Last Name

Case number (if known)			
------------------------	--	--	--

	Negotiable instruments i	orate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Include personal checks, cashiers' checks, promissory notes, and money orders.	
	No Yes. Give specific information about them	Issuer name:	\$
			\$ \$
	Retirement or pension Examples: Interests in IF	accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	☑ No		
	Yes. List each		
	account separately.	Type of account: Institution name:	
		401(k) or similar plan:	\$
		Pension plan:	\$
		IRA:	\$
		Retirement account:	\$
		Keogh:	\$
		Additional account:	\$
		Additional account:	\$
		Ideposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water:	\$\$ \$\$ \$\$ \$\$
		Rented furniture:	\$
		Other:	\$
	· ·	·	
23.		r a periodic payment of money to you, either for life or for a number of years)	
	☑ No		
	☐ Yes	Issuer name and description:	
			\$
			\$
			\$

Debtor 1	Der	n'se	٧.	500	IKER
	Circl Marra	Middle Nome		ant Marra	

Case number (if known)_____

24. Interests in an education IRA, in an a 26 U.S.C. §§ 530(b)(1), 529A(b), and 5.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	count in a qualified ABLE program, or under a qualified state tuition program.	
	:a(p)(1).	
☑ No		
Yes Institution	in name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
		e
		Φ
		\$
		\$
25. Trusts, equitable or future interests i exercisable for your benefit	n property (other than anything listed in line 1), and rights or powers	
1 No		
☐ Yes. Give specific		
information about them		\$
	le secrets, and other intellectual property sites, proceeds from royalties and licensing agreements	
•	sites, proceeds from royalities and ficensing agreements	
☑ No		
Yes. Give specific information about them		S
momaton about trom		<u> </u>
27. Licenses, franchises, and other gene	ral intangibles	
	censes, cooperative association holdings, liquor licenses, professional licenses	
☑ No	• • • • • • • • • • • • • • • • • • • •	
Yes. Give specific		
information about them		\$
Money or property owed to you?	우리 그림에게 고급됐게 이번째시의 데 했다니요?	Current value of the
	붉힐 시간했던 시작됐다. 그들을 하다 가겠습니다?	portion you own?
	[[전기 : 이석이 : 이 기계를 보니는 중이어 [[조롱하다 다구	Do not deduct secured claims or exemptions.
28. Tax refunds owed to you	The control of the second of the control of the second of the control of the cont	and the second second
Zi No		
Yes. Give specific information about them, including whether	Federal: \$	
you already filed the returns		
	State: \$	
and the tax years	, , , , , , , , , , , , , , , , , , , ,	
and the tax years		
and the tax years29. Family support	Local: \$	
and the tax years29. Family support Examples: Past due or lump sum alimo		
and the tax years	Local: \$	
and the tax years29. Family support Examples: Past due or lump sum alimo	Local: \$	t \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen	t \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen	\$ \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen Alimony: Maintenance:	t \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen Alimony: Maintenance: Support:	\$ \$ \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement:	\$ \$ \$ \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlement. Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$ \$ \$ \$
and the tax years	Local: \$ ny, spousal support, child support, maintenance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement:	\$ \$ \$ \$
and the tax years	Local: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: Divorce settlement: Divorce settlement:	\$ \$ \$ \$
and the tax years	Local: Local: Sample of the content of the conten	\$ssss
and the tax years	Local: Local: Sample of the content of the conten	\$ \$ \$ \$

Deptor 1	First Name	Middle Name	Last Name		
24 Intore	ests in insurance	nolicies		,	
			ce; health savings account (h	HSA); credit, homeowner's, or renter's insurance	
1 N	•	,			
	es. Name the insu	rance company	Company name:	Beneficiary:	Surrender or refund value:
_		and list its value	Company name.	bellelidary.	Carrendor or related value.
					\$
					\$
					\$
			from company who has die	~d	
			from someone who has die xnect proceeds from a life ins	surance policy, or are currently entitled to receive	
ргоре	erty because some	eone has died.		• • • • • • • • • • • • • • • • • • •	
2 N	0				
☐ Y	es. Give specific i	nformation			
				J. 31 - P.	\$
33. Claim	ns against third r	parties, whether or	not you have filed a lawsu	it or made a demand for payment	
			s, insurance claims, or rights		
2 1 N	lo		•		
☐ Y	es. Describe each	n claim			
	•				\$
		unliquidated claim	s of every nature, includin	g counterclaims of the debtor and rights	
	t off claims				
2 1 N		n claim,			\neg
U Y	es. Describe eacr	ı cıaım			\$
		•			_
35. Any f	inancial assets y	ou did not already	list		
2 1 N		[
□ Y	es. Give specific	information			\$
		•			
36. Add	the dollar value	of all of your entrie	s from Part 4, including an	y entries for pages you have attached	0.00
for P	art 4. Write that i	number here		→	\$
Part 5:	Describe A	Any Business-	Related Property You	ı Own or Have an Interest In. List any r	eal estate in Part 1.
					
37. Do y o	ou own or have a	nny legal or equital	ole interest in any business	s-related property?	
	lo. Go to Part 6.				
☐ Y	es. Go to line 38.				Valent College Valence
					Current value of the
					portion you own? Do not deduct secured claims:
					or exemptions.
38 4000	unts receivable	or commissions ye	ou aiready earned		
50. ⊼000 N		0, 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	out an outly out the		
	es. Describe				7
_	69. D690ID6				\$
30 Office	i ee equinment for	rnishings, and sup	nlies		_
Exam	ples: Business-relat	ed computers, softwar	e, modems, printers, copiers, fax	machines, rugs, telephones, desks, chairs, electronic devices	S
2 1 N	="				_
	es. Describe				\$

Schedule A/B: Property page 8

Debtor 1	Case number (# k	nown)	
First Name	Middle Name Last Name		
_	equipment, supplies you use in business, and tools of your trade		
☑ No			~~~
Yes. Describe			\$
			
44 Inventors			
41. Inventory ☑ No			
Yes. Describe			\$
42 Internete in portner	shine or leint ventures		
42. Interests in partners 1. No	snibs of Jonic Aeutrales		
Yes. Describe			
Tes. Describe	·· Name of entity:	% of ownership:	
		%	\$
		%	\$
		%	\$
42 Cuetomor liete mai	ling lists, or other compilations		
No No	ing ists, or other compliations		
	ts include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
□ No			
☐ Yes. De	scribe		
			\$
	ddidt-dra-dullat	-	_
44. Any business-relate	d property you did not already list		
Yes. Give specifi	c		
information			\$
	,		\$
			\$
• •			\$
			\$
			¢
,). 6			•
	e of all of your entries from Part 5, including any entries for pages you have att		\$ 0.00
for Part 5. Write tha	t number here		
		DECCESO + SCICIO MEDICENTI PROPERTO CONTINUENTO PROPERTO	
			_
Part 6: Describe	Any Farm- and Commercial Fishing-Related Property You Own or Har or have an interest in farmland, list it in Part 1.	ve an Interest l	in.
ii you owii	or navo an interest in minimum, not it in falt is		
46 Do you own or have	any legal or equitable interest in any farm- or commercial fishing-related prop	erty?	
No. Go to Part 7.		y -	•
Yes. Go to line 4			e gyandaya gay yanan sahan yanan iya ayay iyadayi isayan ina inaa
Company of the Compan			Current value of the
1			portion you own?
The state of the s			Do not deduct secured claims or exemptions.
47. Farm animals			செய்ய கூற கூறி நேறுக்கொளி நிருக்கு செய்யியி
1	, poultry, farm-raised fish		
☑ No			
☐ Yes			
			\$

Official Form 106A/B Schedule A/B: Property page 9

First Name Middle No	ame Last Name		aso narraer (military	
)
48. Crops—either growing or har	vested			
☑ No ☐ Yes. Give specific				
information				\$
49. Farm and fishing equipment, 10 No	implements, machinery, fixtures	s, and tools of trade		
Yes				
				\$
50. Farm and fishing supplies, ch	nemicals, and feed			
☑ No ☐ Yes				7
☐ Yes				\$
51. Any farm- and commercial fis	shing related property you did n	at already list		} *
No	ming-related property you did in	ot an eady list		
Yes. Give specific information				•
<u> </u>				0.00
52. Add the dollar value of all of for Part 6. Write that number	here			\$0.00
Part 7: Describe All Pro	perty You Own or Have :	an Interest in That `	You Did Not List Above	
50 Daywar kana athan ana artu a	-f and bind you did not already l	int2		:
53. Do you have other property of Examples: Season tickets, country of		istf		
☑ No			T T T T T T T T T T T T T T T T T T T	\$
Yes. Give specific information			al was a second control of the second contro	\$
				\$
54. Add the dollar value of all of	vous antring from Part 7 Write t	hat number here	_	s 0.00
54. Add the donar value of an or	your entries from 1 art 7. Write to	nat number here		T
Part 8: List the Totals	of Each Part of this Form			
Parto. List the rotals (Lacii Fatt of tills Form	· · · · · · · · · · · · · · · · · · ·		
55. Part 1: Total real estate, line 2	2		→	\$
56. Part 2: Total vehicles, line 5		\$55.00		
57. Part 3: Total personal and ho	usehold items, line 15	\$0.00		
58. Part 4: Total financial assets,	, line 36	\$0.00		
59. Part 5: Total business-related	d property, line 45	\$ 0.00		
60. Part 6: Total farm- and fishing	g-related property, line 52	\$0.00		
61. Part 7: Total other property n		+s 0.00		
		55.00		+c 55.00
62. Total personal property. Add	lines 56 through 61	\$	Copy personal property total ->	T \$
				55.00
63. Total of all property on Scheo	dule A/B. Add line 55 + line 62			\$
Official Form 106A/B	Schedule	A/B: Property		page 10

Check if this is an armeded filing	Fill in this information to identify your cas	e:		,					
Potent P	Denise V	LANKER							
Check if this is an amended filing									
United States Barriurytory Court for this: Case number Case complete		land Land Name							
Case number strown Check if this is an amended filing									
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional page, with your maner and case number (if mover). 1. Do any creditors have dalims secured by your property? 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately. As a fill a secured claims. If a creditor has refer than one secured claim, list the creditor separately. As much as possible, list the claims is adjustated as objected claims. If a creditor has in adjustated and offer ejectrical to adder ejectrical to a creditor separately. As of the date you file, the claim is: Check at that apply. SOUTHFIELD MI 5070 Othy Sille 29-Cost Who owes the debt? Check one. Good Schilly Word At sort the date you file, the claim is: Check at that apply. Contingent Contingent Contingent Contingent Contingent Contingent Contingent As of the date you file, the claim is: Check at that apply. As of the date you file, the claim is: Check at that apply. Contingent Contingent Contingent Contingent Contingent As of the date you file, the claim is: Check at that apply. Contingent	United States Bankruptcy Court for the:	District of							
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	eck if this claim re nmunity debt	elates to a				
Date de	ebt was incurred	12/2013	Last 4 digits of account number 6 S C Q	THE RESERVE OF THE PARTY OF THE		
			Describe the property that secures the claim:	\$	\$	\$
Credito	or's Name]		
Numbe	er Street			j		
			As of the date you file, the claim is: Check all that apply.			
			Contingent			
City		State ZIP Code	Unliquidated			
•	wes the debt? Che		Disputed			
	otor 1 only	.	Nature of lien. Check all that apply.			
	otor 2 only		 An agreement you made (such as mortgage or secured car loan) 			
☐ Deb	otor 1 and Debtor 2	only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At le	east one of the debt	tors and another	Judgment lien from a lawsuit			
	eck if this claim r nmunity debt	elates to a	Other (including a right to offset)	-		
Date de	ebt was incurred		Last 4 digits of account number			
		yel comby ()	Describe the property that secures the claim:	\$	\$	\$
Credito	or's Name			1		
Numbe	er Street	 	_			
			As of the date you file, the claim is: Check all that apply.			
			Contingent			
City		State ZIP Code	Unliquidated Disputed			
Who ov	wes the debt? Ch	eck one.	Nature of lien. Check all that apply.			
_	otor 1 only		An agreement you made (such as mortgage or secured			
	otor 2 only	nah.	car loan) Statutory lien (such as tax lien, mechanic's lien)			
	otor 1 and Debtor 2 east one of the debt	•	Judgment lien from a lawsuit			
☐ Che	eck if this claim r		Other (including a right to offset)	-		
	mmunity debt		Last A digite of account number			
	ebt was incurred Add the dollar v		Last 4 digits of account number es in Column A on this page. Enter that number here:	¢ 0.00]	
			n, add the dollar value totals from all pages.	Ψ	4	
	if this is the last Enter that numb		ii, aud tile dollat value totals Trolli all pages.	\$0.00		

Debtor 1				Case number (if known)
Boxt 2	First Name Middle Name	Last Name	That You Already	. I into d
Part 2:	List Others to Be Not			
agency is to	rying to collect from you fo	r a debt you owe to ny of the debts that	your bankruptcy for someone else, list th you listed in Part 1, I	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
		 		-
City		State	ZIP Code	-
	d-andelide valent sachelistischen Seinischen Conputent erzeich aus verzeingemöbergen sprage	na verifik kara kilometrik kara kilometrik kara kilometrik kara kilometrik kara kilometrik kara kilometrik kar	COMPANDER AND	On which line in Part 1 did you enter the creditor?
Name		· · · · · · · · · · · · · · · · · · ·	 	Last 4 digits of account number
Number	Street			-
Number	Sueet			
				-
City		State	ZIP Code	-
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
	·			_
		<u>.</u>		_
City		State	ZIP Code	
	·			On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			-
-				_
City	 	State	ZIP Code	_
350-0-3400-000-00	angungan mada arawa da sanaha d			On which line in Part 1 did you enter the creditor?
Name	· - · · ·			Last 4 digits of account number
			· · · · · · · · · · · · · · · · · · ·	_
Number	Street			
		· · · · · · ·		-
City		State	ZIP Code	-
look allowhile days				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
				_
				_
City		State	ZIP Code	-

Fill in this information to identify your case:						
Debtor 1	Devise First Name	Middle Name	Last Name			
 Debtor 2 (Spouse, if filing) 	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court for the:	District	of			
Case number (If known)						

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

No. Go to Part 2.	1. E	o any creditors have priority unsecured claims	s against you?			
Z. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1, If more than one creditor holds a particular claim, list the other creditor in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Instruction booklet. Total claim Priority Instruction Bookl	-					
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, last much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, list that claim and show both priority amounts, last much as possible, list the claim is in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the Instruction booklet.) The PORT AUTHORITY Last 4 digits of account number		7 1 vas				
each claim listed, identify what type of claim it is. if a claim has both priority and nonpriority amounts. Is that claim here and show both priority unspecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim		in a comparation of the comparat		ne creditor sens	rately for eac	h claim For
The Port Authority Priority amount amount Total claim Priority amount amount The Port Authority The Priority amount amount The Authority The Au	e n u	each claim listed, identify what type of claim it is. If conpriority amounts. As much as possible, list the c insecured claims, fill out the Continuation Page of	a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim	at claim here a ame. If you hav	nd show both e more than t	priority and wo priority
THE POR AU THURITY	\			Total claim		Nonpriority amount
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Debtor 2 only			☐ Disputed			
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State claim subject to offset? Claims for death of personal righty writer you were intoxicated			Taxes and certain other debts you owe the government			
Other. Specify Othe		☐ Check if this claim is for a community debt	— Glantie ist country personal right, without			
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□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ No		•				
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No Claims for death or personal injury while you were intoxicated ☐ Other. Specify			_			
□ No		_				
		•	Other. Specify	_		
		☐ Yes				•

Debtor 1 Case number (if known) Part 1: Your PRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ■ Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes \$__ Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code ■ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State 7!P Code □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify_ Is the claim subject to offset? ■ No Yes

Debto		PAN DELETA			Case number (if known)	
		First Name Middle Name	Last Name			
Par	t 2: Li	ist All of Your NONPRIC	ORITY Uns	ecured Claim	S	
3. C	o any cr	reditors have nonpriority u	ınsecured cl	aims against y	ou?	
		ou have nothing to report in	this part. Sub	omit this form to t	the court with your other schedules.	
<u>ا</u> برسد ،	∡1 Yes			r - mpagg gagapana mp	ಇವರ ಉಪಯಾಗಿ ನೀಡಿ ನಿರ್ವಹಿಸುವ ಸಂಗ್ರಹಿಸುವ ಕ್ಷೇತ್ರ ಕಷ್ಟವೇ ನಿರ್ವಹಿಸುವ ಸಂಕ್ರಾಯಕ್ಕೆ ಬರುಗಳು ಸಾಹಕ್ಕೆ ಸಂಗ್ರಹಕ್ಕೆ ಸಂಕರ್ಣಕರ	and the second section of Confederation (A. 1904).
4. L	ist all of	your nonpriority unsecure	ed claims in	the alphabetica	al order of the creditor who holds each claim. If a creditor has	more than one
					im. For each claim listed, identify what type of claim it is. Do not i, list the other creditors in Part 3.If you have more than three no	
		out the Continuation Page o		a particulai Galii	i, iist the other deditors in Fart 3.11 you have hole than thee ho	ipriority drisecured
1.0			siryi atla 1. 1. is	Lalastenitus se e		Total claim
1.1	II S DE	EPARTMENT OF EDU	CATION			Total diam
		Creditor's Name	OATION		Last 4 digits of account number 4 8 7 9	\$ 40,310
	РО ВО	X 740283			When was the debt incurred? 2010	
	Number	Street		22274	_	
	ALTAN City	IIA	GA State	30374 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	City		Otate	ZIF ÇOUÐ		
	Who inc	urred the debt? Check one.			☐ Contingent ☐ Unliquidated	
	Debto	or 1 only			☐ Disputed	
	☐ Debto	or 2 only				
		or 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	L At lea	st one of the debtors and anoth	er		Student loans	
	☐ Chec	k if this claim is for a comm	unity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
		aim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	☐ No				Other. Specify	
	☐ Yes					
1.2					Last 4 digits of account number	\$
	Nonpriority	Creditor's Name			When was the debt incurred?	
		····			_	
	Number	Street			As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	Contingent	
	Who inc	urred the debt? Check one.			☐ Unliquidated	
	Debto				☐ Disputed	
	Debto	•			Time of NONDDIODITY are a core distant	
	_	or 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ At lea	st one of the debtors and anoth	er		 Student loans Obligations arising out of a separation agreement or divorce 	
	☐ Chec	k if this claim is for a comm	unity debt		that you did not report as priority claims	
	is the cla	aim subject to offset?	·		Debts to pension or profit-sharing plans, and other similar debts	
	□ No				Other. Specify	
	☐ Yes	· · · · · · · · · · · · · · · · · · ·				
1.3					Last 4 digits of account number	
	Nonpriority	Creditor's Name			When was the debt incurred?	\$
	Number	Street				
	Number	Street				
	City		State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who inc	urred the debt? Check one.			Contingent	
	☐ Debto	or 1 only			☐ Unliquidated ☐ Disputed	
	☐ Debto				Uispated .	
		or 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ At lea	st one of the debtors and anoth	er ·		☐ Student loans	
	☐ Chec	k if this claim is for a comm	nunity debt		Obligations arising out of a separation agreement or divorce	_
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	Yes					

Case number (if known)_____

Part 2: Your NONPRIORITY Unsecured Claims — Contin	nuation Page
After listing any entries on this page, number them beginning wit	
	Last 4 digits of account number
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed ☐
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	☐ Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify
□ No □ Yes	Other. Specify
	Last 4 digits of account number \$
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	<u> </u>
	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	☐ Contingent
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed
☐ Debtor 1 only	Li Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	☐ Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify
□ No	- Other opening
Yes	
	Last 4 digits of account number
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed☐ Disputed☐ ☐ DisputeDisputeDisputeDisputeDisputeDisputeDIsputeDisputeDisputeDisputeDisputeDisputeDisputeDisputeDisputeDIsputeDi
☐ Debtor 1 only	
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	☐ Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other. Specify
□ No	
☐ Yes	

Debtor 1

	First Name	Middle Name			t You Already Listed
SH LI	st Others	to be Notii	ed Apout	a Dept Ina	t 10u Aiready Listed
xample, , then lis	if a collect t the colle	ion agency is ction agency l	trying to c nere. Simila	ollect from yourly, if you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name		 			On which entry in Part 1 or Part 2 did you list the original creditor?
Name					Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street				☐ Part 2: Creditors with Nonpriority Unsecured Cla
			·		Last 4 digits of account number
City		Mariana Mariana Description	State	ZIP Code	
Name					On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
vutilbei	Sueet				Part 2: Creditors with Nonpriority Unsecured Claims
City			State	ZIP Code	Last 4 digits of account number
			_		On which entry in Part 1 or Part 2 did you list the original creditor?
Name					Line of (Check one): Part 1: Creditors with Priority Unsecured Claim:
Number	Street				☐ Part 2: Creditors with Nonpriority Unsecured
,					Claims
City	***************************************	odryfa n o'r yn ac olo cae on coeg o sawen	State	ZIP Code	Last 4 digits of account number
Name					On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
					Part 2: Creditors with Nonpriority Unsecured Claims
City			State	ZIP Code	Last 4 digits of account number
		**************************************			On which entry in Part 1 or Part 2 did you list the original creditor?
lame					Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	. .			Part 2: Creditors with Nonpriority Unsecured
City		indones startaments successive	State	ZIP Code	Last 4 digits of account number
Name					On which entry in Part 1 or Part 2 did you list the original creditor?
					Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street				Part 2: Creditors with Nonpriority Unsecured Claims
City			State	ZIP Code	Last 4 digits of account number
					On which entry in Part 1 or Part 2 did you list the original creditor?
lame	•				
Number	Street				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
					Claims

City

State

ZIP Code

Last 4 digits of account number

Debtor 1	First N	ame Middle Name Last Name		Case number (# known)					
Part 4: A									
6. Total the a	amo Imol	unts of certain types of unsecured claims. This informants for each type of unsecured claim.	ation i	s for statistical reporting purposes only. 28 U.S.C. § 159.					
				Total claim					
Total claims	6a.	Domestic support obligations	6a.	\$					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	s600					
	6с.	Claims for death or personal injury while you were intoxicated	6c.	\$					
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$					
	6e.	Total. Add lines 6a through 6d.	6e.	\$0.00					
				Total claim					
Total claims	6f.	Student loans	6f.	\$40,310.14					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$					
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$					

40,910.14

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. Total. Add lines 6f through 6i.

Fill	in this in	nformation to ide	ntify your c	ase:		
Del	ptor	First Name	Se Midd	le Name Last Name	2	
	otor 2 ouse if filing)	First Name	Midd	le Name Last Name		
		•		District of		
	se number					Obselvit this is an
(If I	nown)					Check if this is an amended filing
Of	ficial F	orm 106G	<u>}</u>			
Sc	hed	ule G: Ex	ecuto	ry Contracts and	d Unexpired Leases	12/15
infor addi 1.	mation. I tional pay Do you h Mo. C Yes. I List sepa	f more space is r ges, write your na nave any executo Check this box and Fill in all of the info arately each perso	needed, cop ame and ca bry contract file this form formation bel	by the additional page, fill it out, it is number (if known). s or unexpired leases? In with the court with your other schoow even if the contracts or leases a any with whom you have the contracts.	together, both are equally responsible for supplying number the entries, and attach it to this page. On the edules. You have nothing else to report on this form. The listed on Schedule A/B: Property (Official Form 106/stract or lease. Then state what each contract or lease in the instruction booklet for more examples of execution.	e top of any √B). se is for (for
	unexpired	- 		have the contract or lease	State what the contract or lease is for	
() (<u>)</u>		or company with		nave the contract or lease	그 그는 그는 그는 그는 아름답답을 하는 것이 되는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없어 없어 없어요. 그는 그는 것이 없는 것이 없는 것이 없는 것이 없어요. 그는 것이 없는 것이 없어요. 그는 것이 없어요. 그는 것이 없는 것이 없는 것이 없는 것이 없어요. 그는	
2.1					_	
	Name					
	Number	Street				
	City		State	ZIP Code	_	
2.2						
	Name	3.			_	1
	Number	Street			_	
	City		State	ZIP Code		manamengigg dirense Coperane sofficial district for vigare distribit and other sides.
2.3					_	
	Name		-		_	
	Number	Street	·		_	
7,00000	City	and the state of t	State	ZIP Code		ncespor jumpi jumpi ja nagada ngamba jiha di Kindon
2.4						
	Name				_	
	Number	Street	·		—	
	City		State	ZIP Code		
2.5	,					
	Name				_	
1	Number	Street			-	
}				·	_	

ebtor 1	ا _		Edde Maria		Case number (if known)
	F	irst Name M	liddle Name	Last Name	
	A	dditional Pa	ge if You Ha	ve More Contracts o	
Pe	erson o	r company w	ith whom you	have the contract or leas	ease What the contract or lease is for
- 7				and the second second	
2 N:	ame		 	.	
_					
N	umber	Street			
Ci	ity		State	ZIP Code	
Na	ame				
N	umber	Street			
<u>-</u>	ity		Stata	ZIP Code	
	ity		State	ZIP COQE	
Na	ame				
N	umber	Street			
Ci	ity		State	ZIP Code	 _
	mount on annulus Mon.		MANAGEMENT TO STANFOLD STANFOL	To the Broad some The constraint and the State S	
	ame				
					
Ni	umber	Street			
Ci	ity		State	ZIP Code	
				a kan ereki (an a 2 dili melanan) ereneki aran lapera kita a dili dili da ana anaka aran a	
	ame				······································
N	umber	Street	· · · ·		<u> </u>
-	ity		State	ZIP Code	<u> </u>
- presson	ity		State	ZIF Code	
Ⅎ_					
Na	ame				
N	umber	Street			
Ci	ity		State	ZIP Code	
	·		- Charles Addition 1000 Aug 1500 Aug 15		
	ame				
AI.	umber	Street		· · · · · · · · · · · · · · · · · · ·	
		0.000			
Či	ity		State	ZIP Code	
N	ame		,		
N	umber	Street			
_	ity		State	ZIP Code	
·	ILY		Jale	ZII. OOGO	

Fill in this information to ider	itify your case:		
Debtor 1	Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for	the: District of	of	
Case number (if known)			☐ Check if thi
	·		amende

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

4 F	o you have any codebto	rs? (If you are filing a joint case, do	not liet either enouge ac	codebtor)	
_	No	· · · · · · · · · · · · · · · · · · ·	Thou had either apouse as a	i Codebioi.)	
Į	☐ Yes				
	•	ave you lived in a community pro Louisiana, Nevada, New Mexico, Po		Community property states and territories include gton, and Wisconsin.)	
-	No. Go to line 3.				
L		ormer spouse, or legal equivalent li	ive with you at the time?		
	No No In which comm	nunity state or territory did you live?		ill in the name and current address of that person.	
	Tes. III Willian conta	idinty state of territory did you live?		iii in the name and current address of that person.	
	Name of your spouse, for	rmer spouse, or legal equivalent			
	Number Street				
	City	State	ZIP Code		
	City	State	ZIP CODE		
5	Schedule D (Official Form Schedule E/F, or Schedul	n 106D), <i>Schedule E/F</i> (Official Fo le <i>G</i> to fill out Column 2.		Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D,	Sa Tjirri
	Schedule D (Official Form	n 106D), <i>Schedule E/F</i> (Official Fo le <i>G</i> to fill out Column 2.			deb
	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebtor	n 106D), <i>Schedule E/F</i> (Official Fo le G to fill out Column 2.		G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the	deb
	Schedule D (Official Form Schedule E/F, or Schedul	n 106D), <i>Schedule E/F</i> (Official Fo le G to fill out Column 2.		G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply:	dek
	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebtor	n 106D), <i>Schedule E/F</i> (Official Fo le G to fill out Column 2.		G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line	det
1	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebton Name	n 106D), <i>Schedule E/F</i> (Official Fo le G to fill out Column 2.		G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line	det
1	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebtor Name Number Street	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	orm 106E/F), or Schedule	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	del
, a	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebtor Name	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	orm 106E/F), or Schedule	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	det
1	Schedule D (Official Form Schedule E/F, or Schedul Column 1: Your codebtor Name Number Street	n 106D), <i>Schedule E/F</i> (Official Fo le <i>G</i> to fill out Column 2.	orm 106E/F), or Schedule	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	det
1	Schedule D (Official Form Schedule E/F, or Schedule E/F, or Schedule Column 1: Your codebtor Name Number Street City Name	n 106D), <i>Schedule E/F</i> (Official Fo le <i>G</i> to fill out Column 2.	orm 106E/F), or Schedule	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line	det
.1	Schedule D (Official Form Schedule E/F, or Schedule E/F, or Schedule Column 1: Your codebtor Name Number Street City Name Number Street	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	ziP Code	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule E/F, line	det
.1	Schedule D (Official Form Schedule E/F, or Schedule E/F, or Schedule Column 1: Your codebtor Name Number Street City Name Number Street	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	ziP Code	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G, line	det
5	Schedule D (Official Form Schedule E/F, or Schedule E/F, or Schedule Column 1: Your codebton Name Number Street City Name Number Street City City	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	ziP Code	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line	deh
.1	Schedule D (Official Form Schedule E/F, or Schedule E/F, or Schedule Column 1: Your codebton Name Number Street City Name Number Street City Name	n 106D), Schedule E/F (Official Fo le G to fill out Column 2.	ziP Code	G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G, line	deb

Official Form 106H Schedule H: Your Codebtors page 1 of ___

Debto	or 1	First Name Middle Name L	ast Name		Case number (if known)
		rust Maine Middle Maine L	ast Name		
		Additional Page to List More	Codebtors		
;	Column	1: Your codebtor			Column 2: The creditor to whom you owe the debt
3					Check all schedules that apply:
Г	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street	• • • • • •		Schedule G, line
	City		State	ZIP Code	_
3		,			_
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					
 -	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
<u></u>	City		State	ZIP Code	_
3					D 0 1 1 2 2 2
	Name	· · · · · · · · · · · · · · · · · · ·			☐ Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3		,			_
	Name			·	Schedule D, line Schedule D, line
					Schedule E/F, line
l i	Number	Street		·· <u>-</u>	Schedule G, line
1	City		State	ZIP Code	_
з	Oily		Glate	ZIF GOUB	
	Name				_ Gchedule D, line
	,,				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City	•	State	ZIP Code	_
3	City		State	ZIF Code	· · · · · · · · · · · · · · · · · · ·
	Name				Gchedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					_
1	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	

Official Form 106H

Fill in this information to identify	your case:				
1 Denise	V 1001	CER			
Deptor 1 First Name	Middle Name L	ast Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name L	ast Name			
United States Bankruptcy Court for the: _	District of				
Case number				Check if this	s is:
(If known)				☐ An ame	nded filing
					ement showing postpetition chapter 1 as of the following date:
Official Form 106l				MM / DD	/ YYYY
Schedule I: You	ır İncome				12/15
If you are separated and your spouseparate sheet to this form. On the Part 1: Describe Employm	se is not filing with you, do top of any additional page	not include info	rmation abou	at your spous	u, include information about your spo se. If more space is needed, attach a own). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employe	d		☐ Employed ☐ Not employed
Include part-time, seasonal, or					
self-employed work.	Occupation	•			
Occupation may include student or homemaker, if it applies.	·				
	Employer's name				
	Employer's address				
		Number Street			Number Street
				·	
		City	State ZIP C	ode	City State ZIP Code
	How long employed there	?			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse ha	•	•	- ,		e \$0 in the space. Include your non-filing
below. If you need more space, a			manori ioi all	omployers for	and person on the mice
			For	Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2. \$		\$
3. Estimate and list monthly over	rtime pay.		3. +\$		+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$	0.00	\$0.00

Official Form 106I Schedule I: Your Income page 1

Debtor 1
First Name Middle Name Last Name

Case number (if known)

				For	Debtor 1			tor 2 or g spouse			
	Сор	y line 4 here	4.	· \$	0.00		\$	0.00			
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$			\$				
	5b.	Mandatory contributions for retirement plans	5b.								
	5c.	Voluntary contributions for retirement plans	5c.	\$							
	5d.	Required repayments of retirement fund loans	5d.	\$			\$				
	5e.	Insurance	5e.	\$	·		\$				
	5f.	Domestic support obligations	5f.	\$			\$				
	5g.	Union dues	5g.	\$			\$				
	5h.	Other deductions. Specify:	5h.	+\$		-	⊦ s				
6.	Add	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00		\$	0.00			
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$			\$				
8.	List	all other income regularly received:						•			
		Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$			\$				
		Interest and dividends	8b.	\$			\$				
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$			\$				
	8d.	Unemployment compensation	8d.	\$			\$				
	8e.	Social Security	8e.	\$	· · · · · · · · · · · · · · · · · · ·		\$				
		Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•							
		Specify:	8f.	\$			\$				
	8g.	Pension or retirement income	8g.	\$			\$				
	8h.	Other monthly income. Specify:	8h.	+\$_			+\$				
9.	Add	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00		\$	0.00			
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00	+	\$	0.00	=	\$	0.00
11.	Inclu frien	e all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you do not relatives. In the contribution of the contribution	our d	epende							
		cify:						11.	+	\$	
12.		the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Your Assets and Liabilities and Certain S					•	12.	i	\$	0.00
13	_	you expect an increase or decrease within the year after you file this f	orm?	•						monthly	
	_	Yes. Explain:									
		· · · · · · · · · · · · · · · · · · ·									_

Fill in this information to identify	your case:			
Debtor 1 DENISE VANESA	WALKER	0, 1, 1, 1		
First Name Debtor 2	Middle Name Last Name	Check if th		
(Spouse, if filing) First Name	Middle Name Last Name	An ame	ended filing ement showing post	netition chapter 13
United States Bankruptcy Court for the:	District of		es as of the following	
Case number(/f known)		MM / DE)/ YYYY	
(II NIOWI)				
Official Form 106J				
Schedule J: You	ur Expenses			12/15
	ssible. If two married people are filied, attach another sheet to this form			
Part 1: Describe Your Hou	sehold			
1. Is this a joint case?				
□ No. Go to line 2.□ Yes. Does Debtor 2 live in a s	eparate household?			
□ No				
Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	☐ No ☐ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. Do not state the dependents'	each dependent	DAUGHTER	20	□ No
names.		BROOTTER		☑ Yes
		DAUGHTER	<u>09</u>	☐ No ☑ Yes
		SON	12	□ No
				. ☑ Yes
				☐ No ☐ Yes
				. □ No
	dr	2-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	·	☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	☐ No ☑ Yes			
Part 2: Estimate Your Ongoi	ng Monthly Expenses			
	bankruptcy filing date unless you a	re using this form as a suppler	ment in a Chapter 13 c	ase to report
	kruptcy is filed. If this is a suppleme		=	
applicable date.				
•	-cash government assistance if you lit on <i>Schedule I: Your Incom</i> e (Offi	· ·	Your expe	nses
	xpenses for your residence. Include	•	4. \$	512
If not included in line 4:				
4a. Real estate taxes			4a. \$	
4b. Property, homeowner's, or re	enter's insurance		4b. \$	12.54
4c. Home maintenance, repair, a	and upkeep expenses		4c. \$	
4d. Homeowner's association or	condominium dues		4d. \$	

Debtor 1 DENISE VANESA WALKER

	VANLOA VVA		Case number (if known)	
First Name	Middle Name	Last Name	` ' '	_

•			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	s 600
•	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$240
_	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$200
8.	Childcare and children's education costs	8.	\$ 200
9.	Clothing, laundry, and dry cleaning	9.	\$ 90
10.	Personal care products and services	10.	\$ 300
11.	Medical and dental expenses	11.	\$
· ·12.	Transportation. Include gas, maintenance, bus or train fare.		s 200
	Do not include car payments.	12.	\$200
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
•	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$642
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061).	18.	\$
19.		40	
	Specify:	19.	\$
,20.		e.	
1	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

Debtor 1 DENISE VANESA WALKER First Name Middle Name Last Name	Case number (if known)	
21. Other. Specify:	21.	+\$
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a .	\$ 2996.54
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official For	m 106J-2 22b.	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	22 c.	\$0.00
23. Calculate your monthly net income.		s 700
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	0.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$ 0.00
 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	· 23c.	\$ 2296.54
24. Do you expect an increase or decrease in your expenses within the year For example, do you expect to finish paying for your car loan within the year mortgage payment to increase or decrease because of a modification to the No. 1 DON'T KNOW Explain here:	r or do you expect your	

in this in	formation to identi	fy your cas	0.					
7 —	Tormation to identi	y your cas		11000				
tor 1 =	First Name	Middle I	Name	Last Name				
or 2								
use, if filing)		Middle I		Last Name				
	Bankruptcy Court for th	e:	District of _					
e number own)							_	
								Check if this amended filir
							•	
·cc: -: -	I ===== 400I	>						
пісіа	Form 106	Jec						
ecl	aration A	Abou	t an In	dividua	l Debtor'	s Sched	ules	12/
ou must f	ile this form when	ever you fil by fraud in	e bankruptcy s connection w	schedules or ame	or supplying correc nded schedules. M case can result in fi	aking a false state		
ou must f	file this form when money or property	ever you fil by fraud in	e bankruptcy s connection w	schedules or ame	nded schedules. M	aking a false state		
Did you	file this form when money or property oth. 18 U.S.C. §§ 1 Sign Below u pay or agree to p	ever you fil by fraud in 52, 1341, 19	e bankruptcy s connection w 519, and 3571.	schedules or ame ith a bankruptcy	nded schedules. M case can result in fi	aking a false state nes up to \$250,000 uptcy forms?), or imprisonme	nt for up to 2
Did you	file this form when money or property oth. 18 U.S.C. §§ 1	ever you fil by fraud in 52, 1341, 19	e bankruptcy s connection w 519, and 3571.	schedules or ame ith a bankruptcy	nded schedules. M case can result in fi p you fill out bankr	aking a false state nes up to \$250,000), or imprisonme	nt for up to 2
Did you J No Yes	File this form when money or property oth. 18 U.S.C. §§ 1 Sign Below Li pay or agree to p	ever you fil by fraud in 52, 1341, 14 ay someon declare the	e bankruptcy s connection w 519, and 3571.	schedules or ame ith a bankruptcy an attorney to he the summary and	nded schedules. M case can result in fi p you fill out bankr	aking a false state nes up to \$250,000 uptcy forms? otcy Petition Preparer's cial Form 119).	o, or imprisonment	nt for up to 20

Date MM / DD / YYYY

Date 01/03/2019 MM / DD / YYYY

ill in this information to identify your case:			
ebtor 1 DENISE VANESA WALKER	-		
First Name Middle Name	Last Name	 .	
Popuse, if filing) First Name Middle Name	Last Name		
nited States Bankruptcy Court for the: Di	strict of		
ase number f known)			☐ Check if this is an
			amended filing
fficial Form 107			
tatement of Financial Aff	airs for Indi	viduals Filing for Bankrupt	CY 12/15
mber (if known). Answer every question. art 1: Give Details About Your Marital	Status and Where	You Lived Before	
			·
What is your current marital status?			
☐ Married			
_			
☐ Married	ere other than where	you live now?	
☐ Married ☑ Not married ☐ During the last 3 years, have you lived anywh ☑ No		•	
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last	t 3 years. Do not inclu	de where you live now.	
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last	t 3 years. Do not inclu	de where you live now.	Dates Debtor 2 lived there
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last	t 3 years. Do not inclu	de where you live now.	
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1:	t 3 years. Do not inclu	Debtor 2:	lived there
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last	Dates Debtor	de where you live now. Debtor 2:	lived there ☐ Same as Debtor 1
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1:	Dates Debtor lived there	Debtor 2:	lived there ☐ Same as Debtor 1 From
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1:	Dates Debtor lived there	Debtor 2:	lived there ☐ Same as Debtor 1 From
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last ☐ Debtor 1: Number Street	Dates Debtor lived there	Debtor 2: Same as Debtor 1 Number Street	lived there ☐ Same as Debtor 1 From
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1: Number Street City State ZIP Code	Dates Debtor lived there	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Ilved there Same as Debtor 1 From To
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1: Number Street	Dates Debtor lived there From To	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Same as Debtor 1 From To Same as Debtor 1
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1: Number Street City State ZIP Code	Dates Debtor lived there From To From From	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Same as Debtor 1 From To Same as Debtor 1 From
☐ Married ☑ Not married During the last 3 years, have you lived anywh ☑ No ☐ Yes. List all of the places you lived in the last Debtor 1: Number Street City State ZIP Code	Dates Debtor lived there From To From From	Debtor 2: Same as Debtor 1 Number Street City State ZIP Code	Ilived there Same as Debtor 1 From To Same as Debtor 1 From

Part 2: Explain the Sources of Your Income

DENISE VANESA WALKER

Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income you have you have you have any income from employment you have any income you have you have any income you have you have income you have you have income you have	d from all jobs and all busir	esses, including part-tir	me activities.	ndar years?
□ No☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$32,000	Wages, commissions, bonuses, tipsOperating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$	☐ Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2018	Operating a business	·	Operating a business	·
For the calendar year before that:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,	Operating a business	·	Operating a business	
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alingue; interest; dividends; income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alingue; interest; dividends; income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alingue; interest; dividends; income that you receive	money collected from laws red together, list it only once	uits; royalties; and
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Do	of other income are alingue; interest; dividends; income that you receive	money collected from laws ed together, list it only once it you listed in line 4.	uits; royalties; and under Debtor 1. Gross income from each source
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details.	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details.	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar
From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2018)	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that in unemployment, and other public benefit payr gambling and lottery winnings. If you are filin List each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alingue; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions ar

Case number (if known)_

Debtor 1

DENISE VANESA WALKER
First Name Middle Name La:

		Certain Paym							•	
Are eit	her De	ebtor 1's or Debt	tor 2's deb	ts primarily o	consumer debt	s?				
☐ No.	"incl	ther Debtor 1 not urred by an individing the 90 days be	dual primar	rily for a perso	nal, family, or he	ousehold purj	pose."		11 U.S.C. § 101(8) as
	 :	No. Go to line 7.								
	.	Yes. List below ea total amount child suppor	t you paid tl	hat creditor. D	u paid a total of \$ o not include paymot include paym	syments for d	omestic sup	oort obliga	itions, such as	
	* Su	bject to adjustme		-			-	•	•	
☐ Yes	s. Deb	otor 1 or Debtor 2	2 or both h	nave primarily	consumer del	ots.				
	Duri	ing the 90 days b	efore you fi	iled for bankru	ıptcy, did you pa	y any credito	r a total of \$6	600 or mo	re?	•
		No. Go to line 7.								
	<u> </u>		not include	payments for	paid a total of s r domestic supports to an attorne Dates of payment	ort obligations	s, such as ch kruptcy case	ild suppor		Was this payment for.
		CDEDIT ACC	OF DITABL	0 E				· ** 17.74	92.742) 경영
		CREDIT ACC	SEPIAN	<u> </u>	11/17/2018	\$	880	\$	23,713	☐ Mortgage ☑ Car
				.						Credit card
		Number Street								
		Number Street								Loan repayment
		Number Street City	State	ZIP Code						Loan repayment
	-		State	ZIP Code		œ.		••••••••••••••••••••••••••••••••••••••	· Shrandon and to Armadon and Armadon	Loan repayment Suppliers or vendo Other
	-		State	ZIP Code		\$		\$		□ Loan repayment □ Suppliers or vendo □ Other □ Mortgage
	-	City	State	ZIP Code		\$		\$		Loan repayment Suppliers or vendo Other Mortgage Car
	-	City	State	ŽIP Code		\$		\$		Loan repayment Suppliers or vendo Other Mortgage Car Credit card
		City Creditor's Name	State	ZIP Code		\$		\$		Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment
	-	City Creditor's Name	State	ZIP Code		\$		\$		Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo
	-	City Creditor's Name	State	ZIP Code		\$		\$		Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo
	-	Creditor's Name Number Street								Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo
	-	Creditor's Name Number Street City				\$ \$		\$\$		Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other Mortgage
		Creditor's Name Number Street								Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other
	-	Creditor's Name Number Street City								Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other Mortgage
		Creditor's Name Number Street City Creditor's Name								Loan repayment Suppliers or vendo Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other Mortgage
	-	Creditor's Name Number Street City Creditor's Name								Loan repayment Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card Credit card

Case number (if known)_

DENISE VANESA WALKER

Middle Name

Inside corpor agent, such a	n 1 year before you filed for bankruptcy, rs include your relatives; any general partno ations of which you are an officer, director, including one for a business you operate a se child support and alimony.	ers; relatives of ar person in control,	ny general partners; pa , or owner of 20% or n	artnerships of whic nore of their voting	h you are a general partner; securities; and any managing
☑ No)				
☐ Ye	s. List all payments to an insider.	andergeneral and a second	a tinga mana ang ang ang ang ang ang ang ang ang	وواقد دمدور الموراد ومعتصوري	و دور مواهم الما به الله وهمه والمرابع المواهم والم
		Dates of payment		Amount you still owe	Reason for this payment
_			_ \$	\$	
Ì	nsider's Name			·	
ī	lumber Street		_		The state of the s
-					
(City State ZIP Code) ,	والمنافذة		
			\$	\$	The state of the s
Ī	nsider's Name	 			
;	Number Street		_		
	Auniber Street				j.
					-
-			_		
-	Sity State 7/P Code		_		
Withir	State ZIP Code 1 1 year before you filed for bankruptcy,		_ y payments or trans	fer any property o	on account of a debt that benefited
Within an ins Includ	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign	did you make an led by an insider.	y payments or transf	Amount you still owe	n account of a debt that benefited Reason for this payment
Within an instance include Minches	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign	did you make an ned by an insider. er. Dates of	Total amount	Amount you still	Reason for this payment
Within an instance included in the included in	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign bes. List all payments that benefited an inside	did you make an ned by an insider. er. Dates of	Total amount paid	Amount you still owe	Reason for this payment
Within an instance included in the included in	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insidential managements and insidential managements.	did you make an ned by an insider. er. Dates of	Total amount paid	Amount you still owe	Reason for this payment
Within an instance include in the in	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insidential managements and insidential managements.	did you make an	Total amount paid	Amount you still owe	Reason for this payment
Within an instance include in the in	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insiders Name	did you make an	Total amount paid	Amount you still owe	Reason for this payment
Within an instance of the control of	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insiders Name	did you make an	Total amount paid \$\$	Amount you still owe	Reason for this payment
Within an instance of the control of	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insidensider's Name Number Street City State ZIP Codensider's Name	did you make an	Total amount paid \$\$	Amount you still owe	Reason for this payment
Within an instance of the control of	n 1 year before you filed for bankruptcy, sider? e payments on debts guaranteed or cosign es. List all payments that benefited an insidensider's Name Number Street City State ZIP Code	did you make an	Total amount paid \$\$	Amount you still owe	Reason for this payment

DENICE	WALKER

DEMISE A	VANESA WA	LNEK	Case number (if known)	
First Name	Middle Name	Last Name	 , ,	

nin 1 year before you filed for ba all such matters, including persona contract disputes.			uit, court action, or administr ces, collection suits, paternity a		
No					
Yes. Fill in the details.					
	Nature	of the case	Court or agency		Status of the cas
	**************************************			at a Friderich Wignel	SA TRUM TO THE FOR THE
Case title			Court Name		— 🔲 Pending
					On appeal
			Number Street		Concluded
Case number					
	*		City State	ZIP Code	_
,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			A THE STATE OF THE		and the second s
Case title			Court Name		— 🔲 Pending
	<u> </u>				On appeal
	}		Number Street		Concluded
Case number					
	-		City State	ZIP Code	
No. Go to line 11. Yes. Fill in the information below.	ils below.	Describe the property		Date	Value of the proper
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA		Describe the property 2010 HONDA ODYS		Date 10/2014	a 44. júliu 91. lúgiú.
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name		Describe the property			a 44. júliu 91. lúgiú.
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY		Describe the property 2010 HONDA ODYS	SEY		a 14. júliu 71 júliu 16. júliu Tara termina a termi
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name		Describe the property 2010 HONDA ODYS Explain what happened	SEY		a 44. júliu 91. lúgiú.
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY		Describe the property 2010 HONDA ODYS Explain what happened Property was reported	SEY pssessed.		a 14. júliu 71 júliu 16. júliu Tara termina a termi
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street		Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore	SEY Dissessed. Closed.		a 14. júliu 71 júliu 16. júliu Tara termina a termi
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No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare	SEY Dissessed. closed. nished.		Value of the proper \$11,234
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare Property was atta	SEY Dissessed. closed. nished.	10/2014	\$ <u>11,23</u> 4
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare Property was atta	SEY Dissessed. closed. nished.	10/2014	\$ <u>11,23</u> 4
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare Property was atta	SEY Dissessed. closed. nished.	10/2014	\$ <u>11,23</u> 4
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No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA City State	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare Property was atta Describe the property Explain what happened	SEY Dissessed. closed. nished. ched, seized, or levied.	10/2014	\$ <u>11,23</u> 4
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA City State	A 01040	Describe the property 2010 HONDA ODYS Explain what happened Property was reporty was gare Property was gare Property was atta Describe the property Explain what happened Property was reporty	SEY Dissessed. closed. nished. ched, seized, or levied.	10/2014	\$ <u>11,23</u> 4
No. Go to line 11. Yes. Fill in the information below. AMERICAN HONDA Creditor's Name 600 KELLY WAY Number Street HOLYOKE MA City State	A 01040 e ZIP Code	Describe the property 2010 HONDA ODYS Explain what happened Property was reported Property was fore Property was gare Property was atta Describe the property Explain what happened	Dissessed. closed. hished. ched, seized, or levied. Dissessed. closed.	10/2014	\$ <u>11,23</u> 4

Case number (if known)_

DENISE VANESA WALKER
First Name Middle Name Last Name

☑ No		ause you owed a debt?			
_					
Yes. Fill in the details.					
		Describe the action the creditor took		Date action was taken	Amount
Creditor's Name					
Number Street			-		\$
City	State ZIP Code	Last 4 digits of account number: XXXX			
/ithin 1 year before you	filed for bankrupto	cy, was any of your property in the possession of	an assign	ee for the bene	fit of
		stodian, or another official?			
21 No 21 Yes					
5: List Certain Gi	fts and Contribu				
	u tiled for bankrupf	tcy, did you give any gifts with a total value of mo	ore than \$60	uu per person?	•
1 No					
Yes. Fill in the details	for each gift.				
		Describe the aifts		Dates you gave	Value
Gifts with a total value	of more than \$600	Describe the gifts		Dates you gave the gifts	Value
Gifts with a total value	of more than \$600	Describe the gifts			Value
Gifts with a total value per person	of more than \$600	Describe the gifts			Value
Gifts with a total value	of more than \$600	Describe the gifts			Value
Gifts with a total value per person	of more than \$600	Describe the gifts			Value \$\$
Gifts with a total value per person	of more than \$600	Describe the gifts			\$
Gifts with a total value per person	of more than \$600	Describe the gifts			\$
Gifts with a total value per person Person to Whom You Gave to Number Street	of more than \$600	Describe the gifts			\$
Gifts with a total value per person Person to Whom You Gave the	of more than \$600	Describe the gifts			\$
Gifts with a total value per person Person to Whom You Gave to Number Street	ne Gift State ZIP Code	Describe the gifts			\$
Gifts with a total value per person Person to Whom You Gave to Number Street City Person's relationship to your street with a total value of the street with a tot	ne Gift State ZIP Code	Describe the gifts Describe the gifts			\$\$
Gifts with a total value per person Person to Whom You Gave to Number Street City Person's relationship to you Gifts with a total value of the street of	of more than \$600 ne Gift State ZIP Code ou	Describe the gifts		Dates you gave	\$\$
Gifts with a total value per person Person to Whom You Gave to Number Street City Person's relationship to you Gifts with a total value of the street of	of more than \$600 The Gift State ZIP Code Ou of more than \$600	Describe the gifts		Dates you gave	\$\$
Gifts with a total value per person Person to Whom You Gave the Number Street City Person's relationship to your gifts with a total value oper person	of more than \$600 The Gift State ZIP Code Ou of more than \$600	Describe the gifts		Dates you gave	\$\$
Gifts with a total value per person Person to Whom You Gave the Number Street City Person's relationship to your person Person to Whom You Gave the Person the Per	of more than \$600 The Gift State ZIP Code Ou of more than \$600	Describe the gifts		Dates you gave	\$\$
Gifts with a total value per person Person to Whom You Gave the Number Street City Person's relationship to your gifts with a total value of per person	of more than \$600 The Gift State ZIP Code Ou of more than \$600	Describe the gifts		Dates you gave	\$\$

DENISE VANESA WALKER First Name Middle Name Last N	Name Case number (if known)	
thin 2 years before you filed for bankrup	tcy, did you give any gifts or contributions with a total value	of more than \$600 to any charity?
No		
Yes. Fill in the details for each gift or conti	ribution.	
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you Value contributed
Charity's Name		<u> </u>
		e
		V
Number Street		
	•	
City State ZIP Code		
6: List Certain Losses		
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss Value of property loss
		<u></u> \$
		appyraenosyggyddiagaeth Cameriae (Cameriae), sysdaeth flair o'i dodd Callegol Maddyr acthr y floddiagaeth a new
7. List Certain Payments or Trans	sters	
	cy, did you or anyone else acting on your behalf pay or trans	sfer any property to anyone
ou consulted about seeking bankruptcy of	or preparing a pankruptcy petition? eparers, or credit counseling agencies for services required in you	ur bankruptov.
No		
Yes. Fill in the details.		
	Description and value of any property transferred	Date payment or Amount of payme
	- 1997年、前、海豚があり、ブロー・ドン・ボン・馬が振動器・コンドルビ・海外がしたがったストットで、「川瀬路鉄の東	transfer was
Person Who Was Paid		made
Number Street		e
Number Street		
- 		\$
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

Case number (if known)_

DENISE VANESA WALKER

Middle Name

Debtor 1

Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **☑** No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City State ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **☑** No ☐ Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer or debts paid in exchange transferred was made Person Who Received Transfer Number Street ZIP Code State Person's relationship to you _ Person Who Received Transfer Number Street ZIP Code State Person's relationship to you _

DENISE VANESA WALKER

e a beneficiary? (The No Section 1) No Section 1) Yes. Fill in the detainment of trust	hese are often called a	ptcy, did you transfer any propert sset-protection devices.) Description and value of the proper	ty transferred	nilar device of which you Date transfe was made
e a beneficiary? (The No Section 1) No Section 1) Yes. Fill in the detainment of trust	hese are often called a	sset-protection devices.) Description and value of the proper	ty transferred	Date transfe
No Yes. Fill in the deta		Description and value of the proper		
Yes. Fill in the deta	ails.			
Name of trust	ails.			
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81 List Certain i	Financial Account	s, Instruments, Safe Deposit	Boxes, and Storage Units	S
thin 1 year before	you filed for bankrup	cy, were any financial accounts o	instruments held in your na	me, or for your benefit.
osed, sold, moved,		-,, a,a a a a	, ,,	and, or for your bonding
		or other financial accounts; certif	icates of deposit: shares in b	panks, credit unions.
		atives, associations, and other fin		ourno, ordan umono,
No		,		
Yes. Fill in the det	tails.			
		Last 4 digits of account number	Type of account or Date	account was Last balance be
		Last 4 digits of account number	instrument close	
				ed, sold, moved, 🗼 closing or trans
			or tre	ed, sold, moved, closing or trans ansferred
Name of Financial Ins	titution			ed, sold, moved, closing or trans ansferred
Name of Financial Ins	titution	XXXX	Checking	ed, sold, moved, , closing or trans
Name of Financial Ins	ititution	xxxx		ed, sold, moved, , . closing or trans
	titution	XXXX	Checking	ed, sold, moved, , closing or trans
	titution	XXXX	☐ Checking	ed, sold, moved, , closing or trans
	stitution State ZIP Code	xxxx	☐ Checking ☐ Savings ☐ Money market	ed, sold, moved, , , closing or trans
Number Street		XXXX	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage	ed, sold, moved closing or trans
Number Street City	State ZIP Code	XXXX	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage	ed, sold, moved, selecting or trans
Number Street	State ZIP Code		☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other	ed, sold, moved, selecting or trans
Number Street City Name of Financial Ins	State ZIP Code		Checking Savings Money market Brokerage Other Checking Savings	ed, sold, moved, sclosing or trans
Number Street City	State ZIP Code		Checking Savings Money market Brokerage Cther Checking Savings Money market	ed, sold, moved closing or trans
Number Street City Name of Financial Ins	State ZIP Code		Checking Savings Money market Brokerage Cther Checking Savings Money market Brokerage	sold, moved, secosing or trans
Number Street City Name of Financial Ins	State ZIP Code		Checking Savings Money market Brokerage Cther Checking Savings Money market	ed, sold, moved, sclosing or trans

otor 1	DENISE VA					Ca	ase number (if known)			
•	First Name	Middle Name	Last N	ame	<u> </u>	0.				
		•								
Have \	you stored prop	erty in a sto	rage unit o	r place other tha	an vour home	within 1 vea	ar before you file	ed for bankru	iptcv?	
Ø No		•		•		•			-,,-	
_	es. Fill in the de	tails.								
		milo.		Who else has or	had access to	it?	Describe the c	antonto	STATES IN	Do you sti
				人名英格兰斯特克 医二十二十二	nau access to		Describe the C		Middle	have it?
							_1			☐ No
	Name of Storage Fac	ility		Name						☐ Yes
							_ {			
l	Number Street			Number Street						i.
				<u> </u>			_{			ĺ
				City State ZIP Cod	е					
7	City	State	ZIP Code				į			ļ
W. W	and the state of t					and a supplementary and the supplementary an	A STATE OF THE PARTY OF THE PAR	A-Jack har die Jack Samdie D awicke werdecken er		
art 9:	Identify I	Property V	u Hold o	r Control for S	iomeone Ele	20				
			•							-, ···
. Do yo	ou hold or conti	rol any prop	erty that so	meone else owi	ns? Include a	ny property	you borrowed fr	rom, are stor	ing for,	
	old in trust for s	omeone.								
Ø N	io									
☐ Y	es. Fill in the de	etails.								
				Where is the pro	perty?		Describe the p	roperty		Value
			`		tialiti Marwillar					
;	Owner's Name									\$
	1			Number Street	· · · · · · · · · · · · · · · · · · ·					\$
	Owner's Name Number Street			Number Street						\$
	1			Number Street						\$
i	Number Street				State	ZIP Code				\$
i	1	State	ZIP Code	Number Street	State	ZIP Code				\$
; ;	Number Street			City		ZIP Code				\$
; ;	Number Street					ZIP Code				\$
art 10	Number Street	ails About	Environm	City ental Informa		ZIP Code				\$
art 10	Number Street City Give Deta	ails About	Environm wing defin	city ental Informa itions apply:	tion		a pollution, con	tamination. r	eleases of	\$
art 10 or the p	Number Street City Give Deta purpose of Part ronmental law n	ails About 10, the follo	Environm wing defini	city ental Informa itions apply: o, or local statut	tion e or regulatio	n concernin	ng pollution, contater, groundwat			\$
art 10 or the p Envir	Number Street City Give Deta purpose of Part ronmental law n	ails About 10, the follo neans any fe substances,	Environm wing defini deral, state wastes, or	ental Informa itions apply: e, or local statut material into the	tion e or regulatio a air, land, so	n concernin il, surface w	ater, groundwat			\$
art 10 or the p Envir hazar	City Give Deta purpose of Part ronmental law n rdous or toxic s iding statutes or	ails About 10, the folioneans any feaubstances,	Environm wing defini deral, state wastes, or controlling	ental Informa itions apply: e, or local statut material into the g the cleanup of	e or regulatio e air, land, soi f these substa	n concernin il, surface w ances, waste	rater, groundwat es, or material.	er, or other r	nedium,	\$
art 10 or the p Envir hazar inclu	City City Give Deta purpose of Part ronmental law in rdous or toxic s iding statutes of means any loca	ails About 10, the folioneans any fesubstances, regulations tion, facility,	Environm wing definition deral, states wastes, or controlling or propert	ental Informa itions apply: e, or local statut material into the g the cleanup of y as defined und	e or regulation air, land, soif these substa	n concernin il, surface w ances, waste	ater, groundwat	er, or other r	nedium,	\$
or the p Envir hazar inclu- Site r utiliza	City City City City Description Give Detain purpose of Part ronmental law in ridous or toxic siding statutes of means any local re it or used to or	ails About 10, the folloneans any fest substances, regulations tion, facility, own, operate	Environm wing defini deral, state wastes, or controlling or propert , or utilize i	ental Informa itions apply: e, or local statut material into the g the cleanup of y as defined und t, including disp	e or regulation e air, land, soi f these substa der any enviro posal sites.	n concernin il, surface w ances, waste onmental lav	ater, groundwat es, or material. w, whether you r	er, or other r	nedium; erate, or	\$
ert 10 or the p Envir hazar inclu- Site r utilize Hazar	City	ails About 10, the folloneans any feabstances, regulations tion, facility, own, operate means anyth	Environm wing definition deral, state wastes, or controlling or propert , or utilize it	ental Informa itions apply: e, or local statut material into the g the cleanup of y as defined und it, including disp	e or regulation e air, land, soi f these substa der any enviro posal sites. defines as a l	n concernin il, surface w ances, waste onmental lav	rater, groundwat es, or material.	er, or other r	nedium; erate, or	\$
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or the period included include	Give Deta purpose of Part ronmental law in rodous or toxic s iding statutes or means any loca te it or used to or ardous material stance, hazardou all notices, relea any government	ails About 10, the folloneans any fesubstances, regulations tion, facility, own, operate means anythus material, ases, and protal unit notifical unit notifical	Environm wing definition deral, state wastes, or controlling or propert , or utilize in ting an envi pollutant, conceedings to	ental Informa itions apply: e, or local statut material into the g the cleanup of y as defined und it, including disp ironmental law ontaminant, or s that you know a	e or regulation e air, land, soif these substa der any enviro cosal sites. defines as a h similar term. bout, regardle	n concernin il, surface w ances, waste onmental lav nazardous w ess of when	ater, groundwates, or material.	er, or other r	nedium; erate, or toxic	
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DENISE VANESA WALKER

	lame			
ve you notified any governmental unit of	any release of hazardous mater	rial?		
Í No				
Yes. Fill in the details.	a singan di mili an milaggi a su manan nga ataun nganggan ngg pananggan a ma	e per apertor i anglejan yanan i ilay kilay ili ilay		2
	Governmental unit	Environmental law	, if you know it	Date of notic
Name of site	Governmental unit			ļ
Number Street	Number Street			
		_		
	City State ZIP Code			
City State ZIP Code				
ve you been a party in any judicial or adr	winistrative presenting under a			
	ministrative proceeding under a	ny environmentai ia	w <i>r</i> include settlements and t	oraers.
No				
Yes. Fill in the details.		Nature of the		Status of the
	Court or agency	Nature of the	case	case
Case title				D
	Court Name			Pendin
				On app
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Case number				*
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11: Give Details About Your Bus		D!		
	a.a., p. c.ccc, c. cc.c. a	ourity, outlier rain as	ne or part-time	siness?
☐ A member of a limited liability comp☐ A partner in a partnership☐ An officer, director, or managing ex☐ An owner of at least 5% of the voting No. None of the above applies. Go to Partnership Yes. Check all that apply above and fill DENISE WALKER INC	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12.	tnership (LLP) eration siness.	ne or part-time Employer Identification number Oo not include Social Security	
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing exc □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12. In the details below for each bu Describe the nature of the busine	tnership (LLP) eration siness.	Employer Identification number Oo not include Social Security (
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing exc □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12. In the details below for each bu Describe the nature of the busine	tnership (LLP) eration siness.	Employer Identification number	
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing exc □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12. In the details below for each bu Describe the nature of the busine	tnership (LLP) Pration siness.	Employer Identification number Oo not include Social Security (
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing ex □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12. In the details below for each bu Describe the nature of the busine	tnership (LLP) Pration siness.	Employer Identification number Oo not include Social Security (EIN: Dates business existed	
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing ex □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412	eany (LLC) or limited liability par ecutive of a corporation g or equity securities of a corpo art 12. In the details below for each bu Describe the nature of the busine	tnership (LLP) Pration siness.	Employer Identification number Oo not include Social Security (
□ A member of a limited liability comp □ A partner in a partnership □ An officer, director, or managing exc □ An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code	ecutive of a corporation g or equity securities of a corporate art 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Oo not include Social Security to EIN: Dates business existed From To	number or ITIN
A member of a limited liability comp A partner in a partnership An officer, director, or managing ex An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code REAL MA CLEANING SERVICE	ecutive of a corporation g or equity securities of a corporate art 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Oo not include Social Security (EIN: Dates business existed	number or ITIN
A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code REAL MA CLEANING SERVICE Business Name	ecutive of a corporation g or equity securities of a corporate art 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Oo not include Social Security EIN: Dates business existed From To Employer Identification number	number or ITIN
A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code REAL MA CLEANING SERVICE Business Name 118-27 203 RD STREET	ecutive of a corporation g or equity securities of a corporate art 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Oo not include Social Security EIN: Dates business existed From To Employer Identification number	number or ITIN
A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code REAL MA CLEANING SERVICE Business Name	ecutive of a corporation g or equity securities of a corporate art 12. In the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Do not include Social Security I EIN: Dates business existed From To Employer Identification number Do not include Social Security I EIN: Dates business existed	number or ITIN
A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill DENISE WALKER INC Business Name 118-27 203 RD STREET Number Street SAINT ALBANS NY 11412 City State ZIP Code REAL MA CLEANING SERVICE Business Name 118-27 203 RD STREET	ecutive of a corporation g or equity securities of a corporation art 12. in the details below for each bu Describe the nature of the busine Name of accountant or bookkeep	tnership (LLP) pration siness. ss	Employer Identification number Oo not include Social Security I EIN: Dates business existed From To Employer Identification number Oo not include Social Security I	number or ITIN

SAINT ALBANS NY

11412 ZIP Code

DENISE VANESA WALKER

	ime Last N	ame	
		Describe the nature of the business.	Employer Identification number Do not include Social Security number or ITIN.
Business Name			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City Sta	ate ZIP Code		
thin 2 years before you fi	iled for bankrup	tcy, did you give a financial statement to anyone al	nout your husiness? Include all financial
titutions, creditors, or of		oy, and you give a initialistal statement to anyone at	out your business? Include all illiancial
No Yes. Fill in the details be	alow		
res. riii iii die details bi	now.	MARKET IN TROUB	
		Daté issued	
Name		MM / DD / YYYY	
Number Street			
•			
		·	
City Sta	ate ZIP Code		
12: Sign Below			
31gh Below	-		
	n this <i>Statement</i>	t of Financial Affairs and any attachments, and I de	clare under penalty of perjury that the
nswers are true and corr	ruptcy case can	result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud
nswers are true and correction with a bank	ruptcy case can 19, and 3571.	result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud
nswers are true and corn connection with a bank 3 U.S.C. §§ 152, 1341, 15 DENISE V WALKE	ruptcy case can 19, and 3571.	result in fines up to \$250,000, or imprisonment for	ty, or obtaining money or property by fraud
DENISE V WALKE Signature of Debtor 1 Date 01/03/2019	ruptcy case can 19, and 3571. V. Wau R	result in fines up to \$250,000, or imprisonment for Signature of Debtor 2	ty, or obtaining money or property by fraud up to 20 years, or both.
DENISE V WALKE Signature of Debtor 1 Date 01/03/2019	ruptcy case can 19, and 3571. V. Wau R	result in fines up to \$250,000, or imprisonment for Signature of Debtor 2 Date	ty, or obtaining money or property by fraud up to 20 years, or both.
DENISE V WALKE Signature of Debtor 1 Date 01/03/2019 id you attach additional parts of the control of the con	ruptcy case can 19, and 3571. V. Wau R	result in fines up to \$250,000, or imprisonment for Signature of Debtor 2 Date	ty, or obtaining money or property by fraud up to 20 years, or both.
aswers are true and correction with a bank 3 U.S.C. §§ 152, 1341, 157 DENISE V WALKE Signature of Debtor 1 Date 01/03/2019 id you attach additional parts of Yes	ruptcy case can 19, and 3571.	Signature of Debtor 2 Date tatement of Financial Affairs for Individuals Filing for the statement of	ty, or obtaining money or property by fraud up to 20 years, or both. For Bankruptcy (Official Form 107)?
aswers are true and correction with a bank 3 U.S.C. §§ 152, 1341, 157 DENISE V WALKE Signature of Debtor 1 Date 01/03/2019 id you attach additional parts of Yes	ruptcy case can 19, and 3571.	result in fines up to \$250,000, or imprisonment for Signature of Debtor 2 Date	ty, or obtaining money or property by fraud up to 20 years, or both. For Bankruptcy (Official Form 107)?
nswers are true and cornic connection with a bank 3 U.S.C. §§ 152, 1341, 154 DENISE V WALKE Signature of Debtor 1 Date 01/03/2019 id you attach additional parts of Yes id you pay or agree to parts of you pay or agree to pay or agree you pay or agree	pages to Your Stay someone who	Signature of Debtor 2 Date tatement of Financial Affairs for Individuals Filing to a point an attorney to help you fill out bankruptcy for	ty, or obtaining money or property by fraud up to 20 years, or both. for Bankruptcy (Official Form 107)?

Fill in this in	formation to ider	ntify your case:		
Debtor 1	DENISE VAN	ESA WALKER Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for	the: District	of	
Case number (if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7 12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims Part 1: 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. What do you intend to do with the property that Did you claim the property Identify the creditor and the property that is collateral as exempt on Schedule C? secures a debt? Creditor's ☐ Surrender the property. ☐ No пате: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: ☐ No Creditor's ☐ Surrender the property. name: ☐ Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: ☐ No Creditor's Surrender the property. name: Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: ☐ No Creditor's Surrender the property. name: ☐ Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]:

DENISE VANESA WALKER Debtor 1 Case number (If known)_ Middle Name Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? ☐ No Lessor's name: ☐ Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 2

| 3 | 3019 |
| Date | MM / DD / YYYY

Fill in this information to identify your case:	Check one box only as	s directed in this form and in
Deblor 1 Denise 1/ Walkon	Form 122A-1Supp:	
Prst Name Milddle Name Last Name	☐ 1. There is no presur	mption of abuse.
Debtor 2 / (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of	abuse applies will	determine if a presumption of be made under <i>Chapter 7</i> lation (Official Form 122A–2).
Case number(If known)		oes not apply now because of ervice but it could apply later.
	Check if this is an	amended filing
Official Form 122A-1		
Chapter 7 Statement of Your Current Monthl	y Income	12/15
Be as complete and accurate as possible. If two married people are filing together, both a space is needed, attach a separate sheet to this form. Include the line number to which the additional pages, write your name and case number (if known). If you believe that you are do not have primarily consumer debts or because of qualifying military service, complete Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income	e additional information exempted from a presu	n applies. On the top of any umption of abuse because you
What is your marital and filing status? Check one only.		
Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-1	ı .	
☐ Married and your spouse is NOT filing with you. You and your spouse are:		
Living in the same household and are not legally separated. Fill out both Colu	mns A and B, lines 2-11.	
Living separately or are legally separated. Fill out Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under nor spouse are living apart for reasons that do not include evading the Means Test rec	bankruptcy law that appl	ies or that you and your
Fill in the average monthly income that you received from all sources, derived during bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the August 31. If the amount of your monthly income varied during the 6 months, add the income fill in the result. Do not include any income amount more than once. For example, if both so income from that property in one column only. If you have nothing to report for any line, write	ne 6-month period would ne for all 6 months and di pouses own the same re	be March 1 through ivide the total by 6.
alconte nor mat property in one column only anyour lave nothing to report for any line, with	Column A Column Debtor 1 Deb	<i>umn B</i> tor 2 or -filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$\$_	
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$\$_	
Net income from operating a business, profession, or farm Debtor 1 Debtor 2		
Gross receipts (before all deductions) \$\$		
Ordinary and necessary operating expenses - \$ \$ Net monthly income from a business, profession, or farm \$ 0.00 \$ 0.00 bereal	s 0.00 s	0.00
6. Net income from rental and other real property Debtor 1 Debtor 2	\$	0.00
Gross receipts (before all deductions) \$\$		
Ordinary and necessary operating expenses -\$ -\$ \\ Net monthly income from rental or other real property \\$ 0.00 \\$ 0.00 \\ here	\$ <u>0.0</u> 0 \$_	0.00
7. Interest, dividends, and royalties	\$\$_	

Debtor 1	Case number (if known)
First Name Middle Name Last Name	1
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse
8. Unemployment compensation	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	
For your spouse\$\$	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	
	\$ \$ \$
Total amounts from separate pages, if any.	+\$
 Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 	\$
Part 2: Determine Whether the Means Test Applies to You	monthly income
12. Calculate your current monthly income for the year. Follow these steps:	
12a. Copy your total current monthly income from line 11	
Multiply by 12 (the number of months in a year).	x 12
12b. The result is your annual income for this part of the form.	12b. \$0,00
13. Calculate the median family income that applies to you. Follow these steps:	
Fill in the state in which you live.	
Fill in the number of people in your household.	ļ
Fill in the median family income for your state and size of household.	13. \$
To find a list of applicable median income amounts, go online using the link specified instructions for this form. This list may also be available at the bankruptcy clerk's office the second of the	
14. How do the lines compare?	
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, Go to Part 3.	, There is no presumption of abuse.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The prest</i> Go to Part 3 and fill out Form 122A-2.	umption of abuse is determined by Form 122A-2.
Part 3: Sign Below	
By signing here, I declare under penalty of perjury that the information on this length of the control of the c	
Signature of Debtor 1	Signature of Debtor 2
-	organical of popular 2
Date 01/03/2019 MM / DD / / YYYY	DateMM / DD /YYYY
If you checked line 14a, do NOT fill out or file Form 122A-2.	
If you checked line 14b, fill out Form 122A-2 and file it with this form.	

DENISE VANESA WALKER First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: District of Case number (If known)	Check the appropriate box as directed in lines 40 or 42: According to the calculations required by this Statement: 1. There is no presumption of abuse. 2. There is a presumption of abuse.
Official Form 122A-2 Chapter 7 Means Test Coloulation	
Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 Statemer	12/15
Be as complete and accurate as possible. If two married people are filing tog is needed, attach a separate sheet to this form. Include the line number to with pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income	
Copy your total current monthly income	Copy line 11 from Official Form 122A-1 here →
2. Did you fill out Column B in Part 1 of Form 122A-1?	
No. Fill in \$0 for the total on line 3.	
Yes. Is your spouse filing with you?	·
No. Go to line 3. Yes. Fill in \$0 for the total on line 3.	
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	ported for your spouse NOT Fill in the amount you are subtracting from your spouse's income
+ Total.	\$
4. Adjust your current monthly income. Subtract the total on line 3 from line 1.	<u>\$</u>

DENISE VANESA WALKER Debtor 1 Case number (if known) **Calculate Your Deductions from Your Income** Part 2: The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1. If your expenses differ from month to month, enter the average expense. Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in. 5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. You must use the IRS National Standards to answer the questions in lines 6-7. **National Standards** 6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. People who are under 65 years of age Out-of-pocket health care allowance per person Number of people who are under 65 0.00 0.00 Subtotal. Multiply line 7a by line 7b. People who are 65 years of age or older Out-of-pocket health care allowance per person Number of people who are 65 or older 0.00 Subtotal. Multiply line 7d by line 7e. Copy here 0.00 0.00 Total. Add lines 7c and 7f..... Copy total here 0.00

Doc 1

Case 1-19-40027-ess

Filed 01/03/19

Entered 01/03/19 09:53:00

ebtor 1	DENISE VANESA WALKER First Name Middle Name Last Name Case number (if known)
Loca	Standards You must use the IRS Local Standards to answer the questions in lines 8-15.
	ed on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for truptcy purposes into two parts:
	ousing and utilities – Insurance and operating expenses ousing and utilities – Mortgage or rent expenses
To ar	nswer the questions in lines 8-9, use the U.S. Trustee Program chart.
	nd the chart, go online using the link specified in the separate instructions for this form. chart may also be available at the bankruptcy clerk's office.
	ousing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the ollar amount listed for your county for insurance and operating expenses. \$
9. H	ousing and utilities – Mortgage or rent expenses:
9	a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.
91	b. Total average monthly payment for all mortgages and other debts secured by your home.
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.
	Name of the creditor Average monthly payment \$
	Total average monthly payment \$ 0.00 Copy here → \$ 0.00 Repeat this amount on line 33a.
90	Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.
10. If	you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects \$
	explain why:
11. Lc	ocal transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
	0. Go to line 14.
_	1. Go to line 12. 2 or more. Go to line 12.
12. V o	ehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the perating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.
٠,	perating expenses, in in the Operating Costs that apply for your Census region of their opolitan statistical area.

Case number (if known)_

DENISE VANESA WALKER

Middle Name

Last Name

	nicle 1 Describe Vehicle 1:						
4.							
			-	_			
13a.	Ownership or leasing costs using IRS Local Standa	ard		\$			
13b.	Average monthly payment for all debts secured by Do not include costs for leased vehicles.	Vehicle 1.					
	To calculate the average monthly payment here are amounts that are contractually due to each secure after you filed for bankruptcy. Then divide by 60.	d creditor in the 60 month	s				
	Name of each creditor for Vehicle 1	Average monthly					
		+ \$					
	Total average monthly payment	\$0.00	Copy here→	- \$	0.00	Repeat this amount on line 33b.	
						_	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this amount is les	s than \$0, enter \$0		\$		Copy net Vehicle 1 expense	œ
13c.	•	s than \$0, enter \$0	······	\$		Vehicle 1	\$
(3), ⁶	•	s than \$0, enter \$0		\$		Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is les			\$		Vehicle 1 expense	\$
(3), ⁶	Subtract line 13b from line 13a. If this amount is les			\$		Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles.	ardVehicle 2.				Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles.	ard				Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2	ardVehicle 2.				Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2	ardVehicle 2.				Vehicle 1 expense	\$
Veh	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2	ardVehicle 2.			0.00	Vehicle 1 expense	\$
Veh 13d. 13e.	Subtract line 13b from line 13a. If this amount is less spice 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Total average monthly payment	Average monthly payment + \$	Copy_		0.00	Repeat this amount on line 33c. Copy net	\$
Veh 13d. 13e.	Subtract line 13b from line 13a. If this amount is less nicle 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand. Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2	ard	Copy here - →		0.00	Repeat this amount on line 33c.	\$

Case number (if kno

DENISE VANESA WALKER

Middle Name

Last Name

Debtor 1

in addition to the expense deductions listed above, you are allowed your monthly expenses for Other Necessary Expenses the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 0.00 Add lines 6 through 23.

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DENISE VANESA WALKER

Debtor 1

Case number (if known) Middle Name Last Name These are additional deductions allowed by the Means Test. Additional Expense Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance Health savings account 0.00 0.00 Copy total here Total Do you actually spend this total amount? ■ No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 0.00 32. Add all of the additional expense deductions. Add lines 25 through 31.

Filed 01/03/19 Entered 01/03/19 09:53:00 Doc 1 Case 1-19-40027-ess DENISE VANESA WALKER Debtor 1 Case number (if known)_ Last Name **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home: 0.00 33a. Copy line 9b here Loans on your first two vehicles:

335.	Copy line 13b nere.	······································	\$0.00			i
33c.	Copy line 13e here.		→ \$0.00	!		
33d.						
550.	Name of each creditor for other lidentify proper secured debt secures the de		ent es			
		No Yes	\$			
		No Yes	\$			
		No Yes	+ \$			
33e. T	otal average monthly payment. Add lines 33a through 33	d	\$\$	Copy total	\$	<u>0.</u> 00
=	o. Go to line 35. es. State any amount that you must pay to a creditor, in a listed in line 33, to keep possession of your property Next, divide by 60 and fill in the information below.		1,000 0 000			
	Name of the creditor Identify property that secures the debt	Total cure amount	Monthly cure amount	:		į
	<u> </u>	\$ ÷ 60 =	s <u> </u>			
		\$ ÷ 60 =	\$0.00			
		\$ ÷ 60 =	+ \$ 0.00			
		Total	\$0.00	Copy total	\$	0.00
	ou owe any priority claims such as a priority tax, chil are past due as of the filing date of your bankruptcy o					
	 Go to line 36. Fill in the total amount of all of these priority claims. If ongoing priority claims, such as those you listed in line. 					
	Total amount of all past-due priority claims		s	÷ 60 =	•	0.00

Debtor 1	DENISE VANESA WALKER First Name Middle Name Last Name	C	ase number (if known)			
For	e you eligible to file a case under Chapter 137 11 Ur r more information, go online using the link for Bankruj tructions for this form. Bankruptcy Basics may also be	otcy Basics specified in the se				
	No. Go to line 37.					
□ Y	es. Fill in the following information.					
	Projected monthly plan payment if you were filing under Chapter 13					
	Current multiplier for your district as stated on the Administrative Office of the United States Courts North Carolina) or by the Executive Office for Un other districts).	(for districts in Alabama and	x			
	To find a list of district multipliers that includes you link specified in the separate instructions for this available at the bankruptcy clerk's office.					
	Average monthly administrative expense if you w	ere filing under Chapter 13	\$0.00	Copy total	\$ <u> 0</u> .00	
	,		L			
37. Add Add	all of the deductions for debt payment. lines 33e through 36				\$0.00	
Total De	eductions from Income					
38. Add	all of the allowed deductions.					
	line 24, All of the expenses allowed under IRS nse allowances	\$0.00				
Сору	line 32, All of the additional expense deductions	\$0.00				
Сору	line 37, All of the deductions for debt payment	+\$0.00	-			
	Total deductions	\$0.00	Copy total here	>	\$0.0	
Part 3:	Determine Whether There Is a Presumpt	ion of Abuse				
39. Calc	culate monthly disposable income for 60 months					
39a.	Copy line 4, adjusted current monthly income	\$700				
39b.	Copy line 38, Total deductions	- \$0.00				
39c .	Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.	\$0.00	Copy here → \$	0.00		
	For the next 60 months (5 years)		x 60			
00.1				0.00 Сору		
390.	Total. Multiply line 39c by 60		\$	here	\$0.00	
40 ==-1						
П т	out whether there is a presumption of abuse. Che	••	There is no presumption of	abuse. Go		
· to	o Part 5.					
	The line 39d is more than \$12,475*. On the top of pagnay fill out Part 4 if you claim special circumstances. T		, There is a presumption of	f <i>abu</i> se. You		
□ 1	The line 39d is at least \$7,475*, but not more than \$	12,475*. Go to line 41.				
*	Subject to adjustment on 4/01/16, and every 3 years	after that for cases filed on o	r after the date of adjustme	ent.		

Doc 1 Filed 01/03/19 Entered 01/03/19 09:53:00 Case 1-19-40027-ess **DENISE VANESA WALKER** Debtor 1 Case number (if known) Middle Name 41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form..... .25 X 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I). Copy 0.00 0.00 here 🕇 Multiply line 41a by 0.25. 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. Part 4: **Give Details About Special Circumstances** 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. Average monthly expense Give a detailed explanation of the special circumstances or income adjustment Part 5: Sign Below By signing he/6, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. V. Wacks Signature of Debtor 2

MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK www.nyeb.uscourts.gov

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S): De	nise	1.	DO IKER	CASE NO.:				
Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:								
was pending at any time wi (ii) are spouses or ex-spous (v) are a partnership and on or (vii) have, or within 180 included in the property of	thin eight years bef es; (iii) are affiliate the or more of its ger days of the comme another estate unde	ore the files, as defineral partners or the content of the content	ing of the new petition, ned in 11 U.S.C. § 101(ners; (vi) are partnership of either of the Related C. § 541(a).]	2 1073-1 and E.D.N.Y. LBR 1073-2 if the earlie and the debtors in such cases: (i) are the same; (2); (iv) are general partners in the same partners as which share one or more common general partners had, an interest in property that was or is	hip;			
□ NO RELATED CASE								
☐ THE FOLLOWING F	·			•				
1. CASE NO.:	ЛИДС	E:		DISTRICT/DIVISION:				
CASE STILL PENDING	(YES/NO):	[If cle	osed] Date of closing:					
CURRENT STATUS OF	RELATED CASE	:						
		(Disch	arged/awaiting discha	rge, confirmed, dismissed, etc.)				
MANNER IN WHICH C	ASES ARE RELA	TED (Rej	fer to NOTE above):					
			•	ROPERTY') WHICH WAS ALSO LISTED I	N			
2. CASE NO.:	JUDG	E:		_ DISTRICT/DIVISION:				
CASE STILL PENDING	(YES/NO):	[If clo	osed] Date of closing:					
CURRENT STATUS OF	RELATED CASE	:(Disch	arged/awaiting discha	rge, confirmed, dismissed, etc.)				
				ROPERTY') WHICH WAS ALSO LISTED I				
SCHEDULE "A" OF RE					14			

[OVER]

DISCLOSURE OF RELATED CASES (cont'd)

3. CASE NO.:	JUDGE:	DISTRICT/DIVISION:
CASE STILL PENDING: (YES/NO): [A	If closed] Date of closing:
CURRENT STATUS OF R	ELATED CASE:(Discha	arged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CA	SES ARE RELATED (Ref	er to NOTE above):
		OULE "A" ('REAL PROPERTY') WHICH WAS ALSO LISTED IN
NOTE: Pursuant to 11 U.S may not be eligible to be de	.C. § 109(g), certain indivi ebtors. Such an individual	duals who have had prior cases dismissed within the preceding 180 days will be required to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY	DEBTOR/PETITIONER	'S ATTORNEY, AS APPLICABLE:
I am admitted to practice i	n the Eastern District of N	ew York (Y/N):
CERTIFICATION (to be s	igned by pro-se debtor/pe	titioner or debtor/petitioner's attorney, as applicable):
I certify under penalty of p time, except as indicated el		kruptcy case is not related to any case now pending or pending at any
Signature of Debtor's Atto	rney	Signature of Pro-se Debtor/Petitioner 11827 2032 St Mailing Address of Debtor/Petitioner Sain albans Ny 11412 City, State, Zip Code Denisew 1420 gmail. Com Email Address 347869 0482. Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE:</u> Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

Filed 01/03/19 Entered 01/03/19 09:53:00 Case 1-19-40027-ess Doc 1 UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK Case No. In re: Chapter Deniser. Walker Debtor(s) **DECLARATION OF PRO SE DEBTOR(S)** All individuals filing for bankruptcy pro se (without an attorney), must provide the following information: Name of Debtor(s): Address: saint albans N.4 11412 Email Address: Denise W142@ qmail. Com 347 869 0482 Phone Number: CHECK THE APPROPRIATE RESPONSES: FILING FEE: PAID THE FILING FEE IN FULL APPLIED FOR INSTALLMENT PAYMENTS OR WAIVER OF THE FILING FEE <u>PREVIOUS CASES FILED</u>: 1. ______ 2. ____ 3. ASSISTANCE WITH PAPERWORK: NQ ASSISTANCE WITH PREPARATION OF/FILING PETITION AND SCHEDULES HAD ASSISTANCE WITH PREPARATION OF/FILING PETITION AND SCHEDULES If Debtor had assistance, the following information must be completed: Name of individual who assisted: 1 01:00 legol. Com Address: (832) 746 3995 Phone Number: \$ 49.00 Amount Paid for Assistance:

I/We hereby declare the information above under the penalty of perjury.

Dated: 0//3/0019

Joint Debtor's Signature

NYU LANGONE NEW YORK UNIVERSITY PHYSICIAN SERVICES PO BOX 415662 BOSTON, MA 02241

THE PORT AUTHORITY OF NY & NJ PO BOX 15183 ALBANY, NY 12212

ZARA REALTY HOLDING CORP PO BOX 313120 JAMAICA NY 11431

U.S DEPARTMENT OF EDUCATION PO BOX 740283 ALTANTA GA 30374-0283

QUEENS URGENT CARE 178-11 UNION TURNPIKE FRESH MEADOWS NY 11366

GEICO INDEMNITY COMPANY ONE GEICO CENTER MACON, GA 31296

PROFESSIONAL RECOVERY CONSULTANTS INC PO BOX 603586 CHARLOTTE, NC 28260-3586

AMERICAN HONDA FINANCE 600 KELLY WAY HOLYOKE MA 01040

ACCEPTANCE NOW 55501 HEADQUATERS PLANO TX 75024 QDEPARTMENT OF EDUCATION 3015 PARKER RD SUITE 400 AURORA, CO 80014

CREDIT ACCEPTANCE CORP PCB SOUTHFEILD MI 48086

WEBBANK/FINGERHUT 6250 RIDEWOOD ROA SAINT CLOUD MN 56303

ALDOUS AND ASSOCIATES PO BOX 171374 HOLLADAY UT 84117

CAINE & WEINER 5805 SEPULVEDA BLVD SHERMAN OAKS CA 91411

ENHANCED RECOVERY COMPAN PO BOX 57547 JACKSONVILLE, FL 32241

LVNV FUNDING LLC C/O RESURGENT CAPTIAL SERVICES PO BOX 1269 GREENVILLE SC 29603

VERIZON PO BOX 65084 DALLAS TX 75265

DISCOVER FINCL SVC LLC PO BOX 15316 WILMINGTON DE 19850

SECURITY CREDIT SERVICES 306 ENTERPRISE DRIVE 38655

MONTEREY COLLECTION SERVICES 4095 AVENIDA DE LA PLATA OCEANSIDE CA 92056